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9 Alternative Health SCAMS

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9 Alternative Health Scams ... Plus 2 "Crazy" Cures That Really Work

As a practicing physician, I make it my business to keep up with the latest remedies ... and to investigate them and try them out. Sometimes I'm very pleased with the results, sometimes I'm disappointed, and other times I'm hopping mad! That's because many of the popular remedies being sold today are nothing more than a load of B.S.

In this Special Report, I reveal nine of the worst offenders. Many of these remedies are really popular. Chances are good that you're still at least one of them right now.

I'll also tell you about two "crazy" cures that really work. One of them is so "far out" that I almost dismissed it out of hand when I first heard about it. Boy, am I glad I didn't! This remedy is effective in treating fatigue, insomnia, joint pain, diarrhea, open sores, and more! You'll find out all about it in just a minute. First, the scams:

(1) Ephedra Isn't the Way to Increase Your Energy Level or Loss Weight

Ephedra, or Ma Huang, is an herb used in many weight-loss products and is one of the darlings of alternative medicine because of its ability to aid in weight loss. While ephedra can help take off the pounds, the side effects can be horrendous. It may interact with pharmaceutical antidepressants and blood-pressure medication, causing high blood pressure or an increased heart rate. It can also cause tightness in the chest and even death.

Congressional investigators recently dealt a blow to the Food and Drug Administration's planned crackdown on

ephedrine-laced dietary supplements, saying the agency used sloppy science to justify some of the proposed rules.

The FDA in 1997 proposed mandating warning labels and a dramatic slashing of the dose of ephedrine in herbal supplements, citing reports of 17 deaths and 800 illnesses linked to products that promise to help people lose weight, build muscle, and heighten sexual awareness.

The FDA's proposal sparked a storm of protest and Congress' General Accounting Office (GAO) investigated. The GAO concluded that while health officials were right to probe ephedra, they used sloppy science in deciding supplements should contain no more than eight milligrams of ephedrine per dose.

Studies suggest 20 milligrams may be the dose at which certain people suffer side effects, the GAO said, while the FDA focused on a mere 13 reports of injured patients (some that were inaccurate) to propose the much lower dose.

For the FDA, one of the most important regulatory agencies in government to use such poor science for a dietary supplement raises warning flags for other products the agency regulates, said House Science Committee Chairman F. James Sensenbrenner, R-Wis., who requested the GAO probe.

I couldn't have said it better.

"Speed kills" and ephedra is speed; don't use it.

Action to take: If you're nervous about ephedra, which would be understandable,

there are other effective natural ways to get energy and shed the pounds. Vitamin B₁₂ injections have been used by country doctors for over 50 years for low energy states. Once successfully treated, you can switch to B₁₂ by mouth. Ginger is a safe and sometimes effective treatment for chronic fatigue. Ginseng and gotu kola may also be of benefit. For safe weight-loss ideas, see my special report "30 Days to a Slimmer, Trimmer You."

Ref: Associated Press, August 4, 1999.

(2) The Great Calcium Con

One of my favorite medical maxims is: If everyone is doing it and the TV commercials are promoting it, then it's probably wrong. That's what caused my skepticism about calcium supplements for osteoporosis prevention. When the craze first hit, I knew it just couldn't be that simple. I was right!

Dr. Constance Kies of the University of Nebraska says, "Taking calcium supplements may actually make osteoporosis even worse."

Diets are seldom deficient in calcium, although absorption of the calcium may be a problem. More likely, deficiencies are manganese, magnesium, and vitamin D, which helps your bones absorb the calcium.

Although many foods are rich in manganese, the metal may not be available to the body. Wheat bran, for instance, is manganese-rich, but the fiber in the bran inhibits the uptake of the manganese. Soils are often deficient in magnesium, which may be contributing to the problem through magnesium-deficient vegetables.

Laboratory animals on manganese-deficient diets had twice the osteoporosis of rats on a manganese-sufficient diet. A Belgian study confirmed the presence of manganese deficiency in severely osteoporotic women.

If you are concerned about osteoporosis, read my special report on how to best prevent and reverse this dreaded disease ("New Breakthroughs in the Treatment of Osteoporosis").

Another problem with calcium is that it can cause anemia (hypoferremia). For instance, we now know that calcium phosphate reduces iron absorption by 62 percent.

We've said repeatedly in these pages that too much iron is bad for seniors, but a recent report from Holland, reported in the *Journal of the American Medical Association*, showed that the opposite problem, which is called anemia, can be deadly! The statistics revealed in the study indicate that the more anemic a person is, the greater his risk of death within a few years.

And taking excess calcium only contributes to the problem.

It's natural for iron levels to decline slightly with age, so doctors tend to sh^{need} off. However, this study shows that th^{need} to pay a little more attention.

I consider a blood count of 12 mg to be anemic in men and 10 mg in women. There is a variation here and no one knows what a perfect hemoglobin is; none of these tests are that clear-cut. At these levels, however, the doctor should start paying attention, especially if there is a significant change downward since the last test.

What caught the researchers' attention most was that, overall, men with anemia were 2.29 times as likely to die in five years of a major drop in blood count, while women were only 1.6 times as likely. Cancer or infection were the usual cause of death.

Action to Take

(1) Because it can be an early warning sign of trouble, have your hemoglobin checked once a year. If you have symptoms of anemia (weakness, fatigue, etc.), hie yourself to the doctor, pronto.

(2) Don't take calcium supplements unless you have a disease of the parathyroid gland that requires it — which is highly unlikely. You get plenty of calcium from your diet.

(3) Colloidal Silver — Not the Promised Cure-All

Many people have been told by alternative health doctors that colloidal silver is a safe, natural antibiotic that kills germs, disease, virus, and fungus. They say it is wonderful for ear infections, too! Is any of this true?

The answer is yes, but there's a caveat: *Colloidal silver* is safe only if it's applied externally! Most types of colloidal silver should not be taken by mouth. The marketing blitz, which claims this "nutrient" is good for you when taken internally, is persuasive, but don't believe it.

Silver, if absorbed through the intestinal tract, stores in the gums, giving an unattractive bluish appearance. Fortunately, little of the oral products are absorbed because of the size of the colloidal silver molecule. It's okay to use it as a topical antibiotic, as it's been used by the medical profession for 40 years in that way.

Silver can be toxic, so I'm especially wary about the home production of colloidal silver and would not recommend it.

With all that said, I do think colloidal silver has a valid place in medicine. I could have manufactured it right here in my office for my patients, but would have no control over the concentration of the silver and, more importantly, the particle size. So I use products that are manufactured by labs with strict quality control (I use the DEDI brand). This also means you shouldn't buy products from people who are in the business as a hobby.

Why do I think colloidal silver has a place in medical practice? Because I've used it and seen how well it can work in certain situations. I've treated sore throats and other respiratory infections very successfully. While it's touted to cure just about everything, I don't agree with the claims, based on my experience. I do think it's useful as a more natural alternative to the use of antibiotics for routine infections, but don't think you should use it as a "silver bullet" (sorry,

couldn't resist that one). If you can't find the DEDI brand in your health food stores, it can be obtained from Bayho (4370 La Jolla Village Dr., Suite 400, San Diego, California 92122; 877-692-2946).

(4) Fructose May Increase Risk of Heart Disease

With all the admonitions I've given through the years to avoid sugar and aspartame, I can't tell you how many letters I receive asking about the safety of fructose. In fact, a large number of people think they are "going natural" by switching to corn syrup to sweeten their goodies. I've warned against fructose for years, as a result, and now I'm being vindicated.

A new study was recently released that shows fructose significantly raises triglyceride levels, which may increase the risk of heart disease. The study, done by researchers at the University of Minnesota, involved 24 healthy adults who received one of two diets. The diets were assigned randomly and were followed for a period of six weeks. After the six-week period, the participants then switched to the other diet for another six weeks.

The two diets used two separate sweeteners — fructose and glucose. The fructose diet provided 17 percent of energy as fructose. The other diet was nearly devoid of fructose. Other than this difference, the two diets were nearly identical with regard to carbohydrates, proteins, fats, fibers, cholesterol, and saturated, monounsaturated, and polyunsaturated fatty acids.

Action to take: Unfortunately, Americans have developed a sweet tooth that is now causing them a myriad of health problems. Switching from one sweetener to another isn't the answer. The only way to avoid these health problems is to avoid the sweets altogether. Sorry, I can't give you better news here. The only possible exception to this might be Stevia, which doesn't appear to raise triglycerides or insulin levels. You can find Stevia in your health food store.

Ref: *American Journal of Clinical Nutrition*, November 2000; 72: 1128-1134; *Journal of Nutrition*, December 2000; 130:3077-3084.

(5) Shark Cartilage Strikes Out

Sharks don't get cancer, so the assumption has been that shark tissue (cartilage) contained some unidentified substance that prevented sharks from getting cancer. So, if you gave cancer patients shark tissue, that substance would cure the cancer. It seemed a little simplistic to me, but I had nothing to go on, one way or the other.

An impressive study has been reported by the Cancer Treatment Research Foundation (CTRF), a non-profit research organization in Illinois. I don't know who supplies the bucks for this particular non-profit organization, but lets give it the benefit of the doubt and look at its report.

The CTRF tested 60 patients with advanced cancer who were followed for up to 10 months and were not taking any standard cancer treatment. (There was no mention in the report that I read whether they had been on any standard cancer treatment, such as chemotherapeutic drugs, in the past. Once the immune system has been destroyed by chemotherapeutic drugs, nothing works.) They gave the patients huge doses of shark cartilage dissolved in juice three times a day.

To get the same amount of cartilage in capsule form, the vehicle typically sold on a commercial basis, would require taking 100 or more 500-mg capsules daily and would cost \$1,000 a month. So the researchers can't be accused of under-treating the patients, as often happens when researchers want to discredit an unconventional therapy. This study seems to have bent over backward to make shark cartilage work.

The researchers reported "no benefit." This is no surprise to me, even though some prominent newsletter writers bought into this supposed "miracle cure" and promoted it hard. Trouble was, it just doesn't work.

I work with a group of about 20 differ-

ent doctors who try treatments like this, and we compare our results to find out what works and what doesn't. Shark cartilage failed all of our tests miserably! Don't waste your money on this one.

Ref: *Medical Tribune*, June 19, 1997.

(6) Colostrum, Yes; Colostrum Supplements, No

Colostrum is the first milk extracted from cows after the birth of a calf and is a very healthy food. Colostrum can be used to boost the immune system, and help with allergies, autoimmune diseases, digestive disorders, osteoporosis, heart disease, and many other health problems.

The colostrum in milk contains natural substances that can work where vaccines fail, according to the research team from Clemson University, South Carolina. It has long been known that a mother's milk can help protect her baby against infection. In one of the rare exceptions in nature, it was found 50 years ago that cows' colostrum is more effective than human colostrum in treating human babies. A spokesman for the University said: "Because these transfer factors are naturally occurring compounds and work by elevating the body's own immune response, they are non-toxic and have no known side effects. This represents a natural alternative to some of the vaccines and antibiotics currently in use."

With all these beneficial characteristics, why would I include colostrum in a report on scams? Because many people in the supplement industry are trying to tell you that their supplements are as good as the real thing. They're not! In fact, many of these supplements are from grain-fed cows, so the omega-3 contents are almost non-existent in the supplements. Also, many of these supplements take all the fat out of the colostrum, which essentially robs the colostrum of its beneficial nutrients. And, finally, many of the supplements are dried at very high temperatures, which kills any nutrients the colostrum might have left over. In other words, the pills

you're buying are basically worthless.

If you can find supplements that are from grass-fed cows, are not defatted, and are dried at low temperatures, these might be worth taking. However, I suggest you stick with the real stuff straight from the farm.

Ref: *Wise Traditions*, Spring 2002.

(7) Not "Soy" Fast With the Beans

I'm not against the use of soy, but there are some things you need to be aware of before you decide to eat it. First, you can get too much of a good thing, so don't go wild with soy. One serving a day is plenty. Here's why you shouldn't eat more:

The protein in commercial soy powders is highly denatured during processing. That's why farmers need to give lysine supplements when they feed soy pellets to their animals. Soy will indeed lower cholesterol, but there's no convincing evidence that lowering cholesterol gives any protection against heart disease.

Other claims for soy are not supportable by science or clinical experience.

Studies on menopausal symptoms are highly subjective, with controls taking placebos showing as much relief as those taking soy products. If Asian women have fewer menopausal symptoms, why are there so many Chinese herbs for the relief of hot flashes?

As for cancer, an exhaustive 1997 British government report concluded that there is no evidence that soy products inhibit cancer anywhere other than in test tubes. In fact, I have seen anecdotal evidence which suggests just the opposite. Think about it, what causes breast cancer? Too much estrogen. What mimics estrogen in the female body? That's right — soy!

Soy products also increase the body's need for vitamin B₁₂. A vitamin B deficiency will promote heart disease due to an excessive production of blood homocysteine. Also, d. phytic acid in soy blocks calcium, magnesium, iron, and zinc — all very important nutrients. And protease inhibitors in soy

block protein digestion and cause the pancreas to enlarge.

It doesn't take more than a quick perusal of the scientific literature to conclude that excessive consumption of soy is likely to cause digestive problems, mineral deficiencies, anemia, weight gain, fatigue, and loss of libido.

Action to take: Go soft on the soy. I'm not saying that you should eschew soy altogether. Just don't make it a substitute for other nutritious foods. Small amounts of naturally fermented soy products are fine and add a pleasant variety to your diet. Fermentation gets rid of many of soy's anti-nutrients. For more information on soy, check out the Web site www.soyonlineservice.co.nz.

(8) Vitamin O — No Air in Its Sails

Anybody who knows me or reads my newsletter knows how much I love oxygen as a therapy. From hyperbaric oxygen and ozone to ultraviolet blood irradiation and multi-step therapy, I use oxygen every day in my practice. But that doesn't mean vitamin O, the "nutritional supplement" which supposedly contains "stabilized oxygen," is near the panacea its sellers proclaim.

While vitamin O has all the characteristics its sellers say it has, it is simply made up of chlorine dioxide, which you know to be saline solution. I can think of a lot better things to do with \$10 than spend it on useless diluted saline. An ounce of this saline at one atmosphere does contain about a milligram of dissolved oxygen as well as about 26 grams of oxygen which is "stabilized" as H₂O. So it does have oxygen in it, but it is completely worthless to the body, as very little oxygen actually gets into the gut.

The FTC recently complained that these products don't "allow oxygen molecules to be absorbed through the gastrointestinal system ... does not prevent and is not an effective treatment for any life-threatening disease ... [and] does not have any beneficial effect on human health." I agree. Stay away from vitamin O.

(9) MGN-3 — Another Waste of Your Money

The manufacturer of MGN-3 says its product, a modified extract of arabinoxylan from rice bran, is “revolutionary” and it “could be the magic bullet” we’ve all been looking for. Critics say MGN-3 is a fraud; nothing but useless (if not dangerous) snake oil. Who is correct?

MGN-3 is being touted as a great cancer cure because it increases the blood levels of natural killer cells, a white blood cell that can destroy certain types of cancer cells in the laboratory. Problem is there’s no evidence that it actually reduces tumor size. No studies have been conducted which show this to be

true and I’ve not seen any positive results in my practice or in the experience of my colleagues. In fact, it’s no one has ever demonstrated that these natural killer cells actually destroy cancer cells in humans.

What the manufacturers of MGN-3 are doing is totally illegal. You can’t advertise a product as a cancer cure without clear-cut evidence. And, yet, the marketing rolls on — without any FDA approval, which is required for any “drug” that claims to cure a disease.

If you want to cure cancer, there are far better ways to do it than MGN-3. See my special report “New Breakthroughs for Preventing and Surviving Cancer” for more information.

Two “Crazy” Cures That Really Work

(1) Magnets — Cure or Quackery?

Carlos Valbona, MD, a rehabilitation medicine specialist at the Baylor College of Medicine (Texas), had scoffed at the idea of applying magnets to the skin to relieve pain. But more and more patients were coming in and telling him the magnets worked on their particular pain.

His curiosity was finally aroused to the point that he started dabbling with the treatment, even though he was aware that the words “magnet” and “quack” had become synonymous among those who deride alternative medicine in the press.

His first patient was a priest who had post-polio back pain so severe he couldn’t lift his hand to bless his parishioners. “I told him, ‘There is one thing I could try. It hasn’t been proved scientifically, but it might just help,’” Dr. Valbona said to reporter Judith Mandelbaum-Schmid, a contributing writer at *Walking* magazine. He placed one magnet on the priest’s back. “Within minutes,” says Valbona, “he came out of the examining room and said: ‘It’s a miracle. I can raise my arm.’”

Encouraged by these results, Valbona undertook a study of 50 subjects, half of whom would receive a placebo for their pain (a dummy magnet) and the other the magnet therapy.

Seventy-six percent of the magnet-treated patients reported pain relief during the 45-minute treatment period, compared to only 19 percent of the placebo patients. These findings in a double-blind study are impressive.

Do they really work? Some think so: Americans spent an estimated \$200 million on magnets in 1998 alone.

If magnets really do relieve pain, and they certainly seem to, no one knows how they work. Some experts believe magnetic energy alters the chemical interactions in nerve fibers that are responsible for pain impulses. Others say the effect is due to increased blood flow to the area. I subscribe to the first theory.

A new study by the Richardson Orthopedic Surgery in Texas is making it more difficult for the magnetic naysayers to dismiss the power of magnetic energy. The

researchers studied 61 patients who underwent disc surgery. Some of the patients received surgery alone and the rest received surgery followed by pulsed magnetic treatments. Amazingly, the patients who received the magnetic therapy experienced a success rate almost twice that of the patients who received surgery alone (98 percent to 53 percent respectively). The success rates of the two groups were determined by X-rays and oral interviews, so the researchers used both objective and subjective analysis to determine the benefits of the magnetic therapy. While I don't believe magnets are a cure-all, I do believe they have a legitimate place in pain therapy. Best of all, they do no harm!

Action to take: A magnet is a magnet, so one is as good as the other as long as you have the proper strength. The magnet should be 500 to 1,000 gauss. You can find magnets at most health food stores and on the Internet. They're so prevalent many golf shops and sporting good stores carry them. Just make sure you're getting the right strength.

Ref: *Advances in Therapy*, March-April 2000.

(2) Color Me Healthy

One of my patients came to me with her neck swollen with a goiter I could see and feel. Blood tests confirmed that her thyroid was inflamed.

Both mainstream and alternative therapies had left her without a solution. She had tried hormones, supplements, and acupuncture — all to no avail.

Then I remembered a simple therapy my nurse had told me about that I had initially dismissed. Knowing it could do no harm, I treated her thyroid area for 60 minutes.

The treatment was totally painless and non-invasive. My patient was completely comfortable the entire time.

After a month of daily sessions, her goiter disappeared and her blood tests were normal. Amazing!

What had caused this miraculous recovery?

You may have a hard time believing the answer.

"This is pure, unadulterated piffle."

That's what I would have said if another doctor related this remarkable story to me. All I did was use a plastic filter and a beam of light to bathe her thyroid area in blue light.

That's right, the "therapy" consisted of shining colored light directly onto her neck. We began to see astounding results almost immediately. Even today, I'm not sure who was more surprised — her or me!

As you can tell, when I first heard about colored-light therapy, I was more than a little skeptical.

But then I remembered that in my early years of practice, I saw fantastic improvement in pain and swelling using laser stimulators on specific acupuncture points. One young man was completely cured of his debilitating upper back pain in just a single session!

And I've long been an advocate of the cleansing effects of infrared light. It's penetrating frequency delivers heat deep inside the body, improving circulation and aiding detoxification.

How can color be so powerful?

Think back to your high school science class and you'll remember that different colors of light have different wavelengths.

For instance, violet has a short wavelength, while red has a longer one. The longer the wave, the slower it vibrates.

Now, what you may not realize is that your body consists of tiny electromagnetic particles that vibrate too. When color and light strike you, they influence that vibration ... and, in turn, the way your body functions.

Different bands of the light spectrum produce different effects in the human body. Project a part of the spectrum (blue, for example) onto an ailing or distressed body area and the healing results can be astounding!

Purple can bring great relief to asthma sufferers. Indigo helps heal burns, while ban-

read more about color therapy and get the colored filters you need to treat just about every illness you can think of, simply call 800-728-2288. For \$39 (plus shipping & handling), you will receive 11 color filters and a special report from me detailing how to use them and which colors to use for specific ailments. All you need is a light source (e.g., a flashlight), which I explain in the report. Color therapy truly is a remarkable therapy. It's inexpensive, easy to use, and, best of all, it's completely safe.

ishing the pain. Lemon and magenta are very beneficial for heart ailments. Orange can halt digestive problems, including diarrhea. In fact, for almost every illness, there is a corresponding color that can heal.

I know this may sound far-fetched or even crazy, but there is a lot of science behind color therapy and you'll be amazed at the results. I love getting letters from people who say they thought the therapy was nuts, but when they tried it, they were shocked at the results. You will be too. If you'd like to

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Healing Secrets

*Your Alternative
Doctor Doesn't
Know About*

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17 Healing Secrets Your Alternative Doctor Doesn't Know About

When the parents of a hyperactive child came to see Dr. Sinaiko to find out if he could help their child, Dr. Sinaiko didn't realize his life was about to change forever.

Instead of turning to Ritalin (a Class 2 amphetamine), the conventional treatment of choice, Dr. Sinaiko chose to use less-toxic nutritional and allergy treatments. In most states, that would be completely legal. But Dr. Sinaiko lives in California.

Of all the states in the union, you might think that California would be the most progressive in the area of medical freedom. California has the largest population in the country. It's the home of rich and famous movie stars, the medically progressive University of California, Berkeley, dozens of nutritional companies, and even thousands of acupuncturists and other alternative healers.

With all this going for it, you might also think California's licensed physicians (like Dr. Sinaiko), with all their knowledge, training, and experience, would have at least the same latitude as other licensed professionals and unlicensed lay healers within the state.

But quite the reverse is true!

Unlike all of its sister states in the West (including Alaska, Washington, Oregon, Nevada, Arizona, and Colorado), not only has the California State Medical Board acted with draconian harshness toward alternative medicine, but California's own laws mandate nothing more than chemotherapy, radiation, and surgery for cancer. All other forms of treatment are prohibited. To provide alternatives makes a physician a criminal! A strict interpretation of California laws also mandates

conventional medicine for every other disease or condition!

What's worse, the law does not even provide a definition for "conventional." This means that even though research shows that treating subclinical hypothyroidism or B₁₂ deficiency is helpful, because such practice is not widespread or accepted in the majority, performing treatments to help these conditions could bring professional sanctions.

Don't think this is possible?

Dr. Sinaiko will tell you that it's not only possible, but probable! After successfully treating the hyperactive child, another health care professional (possibly a jealous doctor or spiteful insurance company — this still has not been revealed) found out the success wasn't due to Ritalin and filed a complaint against Dr. Sinaiko's management of the case.

After months of litigation, Dr. Sinaiko was prosecuted by the board and had his license revoked (yes, revoked!) for performing unconventional health care and successfully treating a child with ADHD. To add insult to injury, Dr. Sinaiko was fined some \$100,000 to pay for the state's costs in prosecuting him — this in addition to his own legal defense fees.

Believe it or not, when it comes to getting advice from a doctor, this type of law will prevent even the best doctors from giving you alternative medicine, even when they know they work!

It's truly appalling!

Even so, there are plenty of things doctors don't know these days, and here are several.

When it comes to health, there are six basic things that affect how long you will live and how healthy you will be during those years. These six factors of health are nutrition, toxins, stress, genetics, exercise, and trauma (or injury).

Consider a simple motor vehicle, a mechanical device. We often pay more attention to our autos than to our own bodies. The car needs nutrition. Its nutrition would be in the form of appropriate gasoline, oil, air pressure, etc. Toxins might be impurities in the gas or oil that might foul the engine, or unvented exhaust that chokes the engine. Stress might be pushing the structure of the car beyond what it was designed to do, such as a terrible road, or excessive speed for the frame.

The car's genetics would be its brand or the quality and durability of the materials from which it was made. Physical injury would correspond to previous accidents damaging parts of the frame. And exercise would relate to how it was run or not run. Most everyone knows that leaving a car to sit idle for extended periods of time is not particularly good for it, nor is racing it at 100 mph.

A biological system is many times more complicated than a car, especially the human system, which has so many more variables than lower animals. Let's consider the impact of these factors, spending time proportionately on where we can make the most significant changes and improve our health.

(1) Nutrition

Perhaps the single most important, studied, yet ignored pillar of human health is nutrition. It does not begin just now in your life, but very likely from the time you were conceived or even before. A study at the University of California, Davis years ago showed that if you make a rat deficient in the mineral zinc, it will give birth to offspring with an immune deficiency. Worse, restoring zinc to the offspring does not repair the *problem, which* continues to persist for four generations! We have no clue what other

nutritional deficiencies in our ancestors might affect us, but we do know the quantity and quality of sperm is so affected by nutritional deficiencies in addition to the obvious effects improper nutrition plays on the developing fetus.

Nutritional concerns escalate after birth. Was the child breast or bottle-fed? I will always think of the adage "Cow's milk is for baby cows and breast milk is for baby humans." What other species in nature is foolish enough to drink the secretion of another animal? Each mammal species has specific and perfect nourishment in its mammary glands for its offspring. Yet humans, for matters of profit for corporations, or convenience for the mother (or perhaps an understandable physical inability), resort to a manufactured item to nourish a biologic entity. And does it matter? You bet it does. Published studies have shown that you can expect five extra IQ points in a person breast-fed versus being bottle fed. If it makes a difference in the brain, it makes good sense it will make a difference in the body as well. How can we synthetically make what took the wisdom of God to create? We know that certain very essential fatty acids are missing from bottle formula, which are critical for membranes of neurons. Yet in this country, these critical nutrients are still not routinely added. How many other nutrients, found in tiny amounts, yet are so very necessary for optimum human life, might also be missing, and possibly cause the individual to have less than ideal health, growth and development, and immune function throughout their whole life.

Malnutrition really kicks in during childhood. The standard American diet (SAD) takes its shape. Children more often than not are brought up on convenience substances (I call them substances rather than food). These are largely devoid of any nutritional character and provide only calories. Information released just this February 2001 is showing that just one soft drink per day doubles a child's risk of obesity. The pattern learned in childhood carries into adulthood ("Kool-Aid — you loved it as a kid, you trust it as a mother").

Many years ago, the renowned Westin Price, DDS traveled the world looking at aboriginal cultures to determine the underlying causes of their tremendous health. He found in remote cultures untouched by “civilization” robust people with little degenerative disease, only one dental carrie per 100 teeth, little need for braces, and psychologically strong people. The secret he concluded was consuming their native natural aboriginal diet. Animal proteins were essential, with the healthiest African tribes eating more animal protein. Eskimos who were eating large amounts of saturated fat blubber had virtually no heart or circulation disease.

Twenty years later, when he returned he found the same peoples with ruined health. Dental decay was rampant along with misaligned teeth. There were multiple skeletal abnormalities, immune problems, husbands beating wives, and even suicides in those who could not take the suffering caused by dental infections, previously unknown in these people. The demise of these people coincided exactly with the introduction of civilized processed food. His book, *Nutrition and Physical Degeneration*, should be a standing monument in all health-related discipline schools, but is largely forgotten. A contemporary of his, Francis Pottenger, MD performed nutritional studies on cats after astutely observing that cooked and processed foods might be having a deleterious effect on his lab animals. He found that within three generations of cooked and processed foods, cats were developing allergies, neurologic and skeletal abnormalities, their fur was falling out, and they did not have the stamina to mount to reproduce. The control cats, eating a diet of raw natural butcher scraps, were healthy and vibrant. His alarm bell, sounded two human generations ago, is still ringing!

The Journal of the *American Medical Association (JAMA)* published an article by Biesel in the 1980s showing that nutritional deficiencies might be entirely subclinical, showing up first as subtle defects in the immune system. Thus, a patient’s overt

appearance and function might not tell the whole story as to an individual’s overall nutritional status. Subclinical deficiencies of nutrients might be affecting millions and only very sophisticated lab tests might reveal the earliest signs of deficiency — one does not need to get overt scurvy (Vitamin C deficiency) or beriberi (thiamin deficiency) to be malnourished. It just might be the individual who is more frequently catching colds.

Nutrients provide the building blocks for all of life’s processes. Minerals serve as the spark plugs for enzymes. Vitamins are essential co-factors in biochemical reactions, which will grind to a halt in their absence. Essential fatty acids (fats that cannot be made within the body) are absolutely required for the membranes of cells and a variety of hormones, balancing inflammatory processes in the body, blood vessel lubricants, skin moisture barrier, brain membrane function, and more.

Yet rather than a healthy intake of such oils (omega-3 and 6), we are loaded with trans-fatty acids from processed oils and margarine (more on this later), and very inferior food and seed oils rather than oils in their natural state. There are literally thousands of vital plant nutrients now referred to as phytonutrients. Natural chemicals act as antioxidants (free radical scavengers), immune stimulants, natural antibiotics without side effects, circulatory protectors, detoxifiers, anti-cancer agents and more. Yet many people who are on a processed diet are depriving themselves of these natural chemicals, which are not helpful to the plant, but also the animals that depend on the plants for food (including us humans!).

Just like a baby’s perfect food is made naturally in breast milk and cannot be manufactured, our ideal food also cannot be manufactured and leave us healthy at the same time. The milling of wheat to bread, for example, causes up to 80 percent of zinc and chromium to be lost. Furthermore, government documents warned years ago of mineral depleted soils from improper agricultural

techniques. Did you know that plants could be sorely mineral deficient, yet look perfect even when grown on mineral-depleted soil? Further processing may eliminate the little mineral content that might be present in commercially grown plant materials on depleted soils.

The recommended daily allowance (RDA) of nutrients is not necessarily the ideal. Recently, we are seeing scientific groups pushing for an increase of the RDA for such nutrients as vitamin C. Does this mean that for the past 50 years the RDA was adequate for humans in those years and now for some reason, we now need more? And if it takes another 50 years for science to acknowledge the information we already have today, that four to five times the current RDA promotes even better health, does that mean that those consuming the new current level of a 20 percent increase will have had optimum benefit? No, what it means is that we really do not know what levels we need to realize optimum health.

RDA was set at levels “reasonably” above the minimum levels at which no known nutritional disorder for that nutrient’s deficiency would occur. But as we have seen in the *JAMA* article, one does not need to get scurvy to have a vitamin C deficiency. The deficiency can be manifested by a *subclinical* immune deficiency. Published studies now show that nearly 100 percent of Americans are deficient in just the RDA of at least one major essential nutrient such as B6, vitamin A, iron, etc. If 100 percent are deficient in the low RDA of at least one nutrient, then think of the greater problem of optimum level deficiency!

Let’s consider all the known reasons for such significant problems. The old Oriental adage is: Eat what grows around you when it is in season. If we were living in the Garden of Eden this might be possible. Considering human roots, we certainly did develop by eating foods as they were acquired off the land. There was no refrigeration, canning, storage, freezing, processing, irradiation, etc. Our sys-

tems evolved or were created to consume live foods, fresh out of the ground or from the hunt. Today, we live far from the source of the food. Food is mass-produced with thoughts of profit, not health. It may be grown on depleted soils, picked early rather than vine ripened so that it can get to the market before spoiling. (Many vitamins maximize at peak of ripeness while on the vine). Food may be grown to maximize yield rather than wholesomeness. The delay in transportation and therefore consumption may cause the food to lose some perishable vitamins and enzymes even though it looks good to the eye. It might be canned for long-term preservation during which the high heat may destroy nearly all of the nutritional content. Freezing may also significantly lower vitamin and enzyme activity. Finally, your own processing (cooking at high heat) may yet significantly lower the heat perishable vitamins and destroy the normal release of minerals. Heat alters the natural three-dimensional structure of proteins and other compounds often rendering them much harder to digest and absorb.

In my practice, I have found that simply upgrading the diet of my patients will dramatically improve the health of the overwhelming majority of them. The earlier you take action, the better. Most people treat their cars better than their bodies. They are sure the car gets its nutritional needs met: proper oil changes, the right octane gasoline, timing and spark plugs maintained, air pressure, etc. And remember the car will still run at 100 mph even on a 1/4 or 1/8 or even 1/100 tank of gas without any problem. But when that last drop is consumed...

So your body, too, may run on — like your car on empty — until you are, in fact, empty. Or the car, lacking its nutritional oil changes will continue to run on the old oil, but wear out much faster. Likewise, your biological machine can go down the same road.

My advice: “If God did not make it, do not eat it” has been my mantra to patients for 15 years. If it did not evolve with humans in

their natural diet, that is, if our ancestors of 100,000 years ago could not eat it, then it is not fit for us. "Eat what grows around you when it is in season." I do not think a diet of cold tropical fruits heavily laden with water will serve the needs of someone who is in the arctic. Such foods will not provide the internal heat denser foods like protein, fat, and whole grains can provide. Likewise, in the tropics, we see an abundance of such fruit and vegetables to offset the heat. These will balance out the climate of the tropical environment and better serve needs than a thick heavy meal that will slow you down even more on top of the heat.

Your food should be in as close to the natural state as possible and picked as ripe as possible with rapid transport. Do not cook it down to nothing though. There are many who advocate raw foods as our ancestors ate, but many people have digestive systems that will not tolerate such and need an assist: *gentle* cooking begins the natural digestive and breakdown process in vegetables, while hard cooking destroys the process and the nutrients. Soften up foods through stir-frying or steaming and keep the nutritional content as high as possible, by not cooking the food to oblivion.

Eat foods that are perishable (before they spoil, of course). Perishable foods are living foods that spoil because they have living enzymes that auto-digest the foods and assist our own digestion. Considering that we were created or evolved with such foods, it is logical that our digestive systems need an assist with the self-digesting enzymes locked up in the foods. It has been shown that the pancreas of a rat hypertrophies (enlarges) due to the increased demand for digestive enzymes when it is fed dead (processed) food lacking enzymes. This may eventually exhaust the ability of the pancreas to make digestive enzymes far before its time, further damning the organism to worse nutrition.

What about meat? Many people have metabolisms that are very dependent upon

animal protein. But think about this. In nature, what parts of an animal do the predators go for first? The answer is in the pictures of the predators inside the bellies of their prey. They eat the organ meat first and leave the muscle flesh for last. We do the opposite. Organ meat is laded with enzymes, minerals, and vitamins. Animals must know this instinctively. Muscle is the hardest protein to digest and assimilate, even if it tastes the best. But that is what we humans are trained to eat and, thus, has less nutritional value and is harder work for our digestive systems.

And Fat?

Fat is composed of fatty acids (long chains of carbon atoms hooked together), linked to a glycerol molecule and called a triglyceride (for three linked fatty acids). Most people do not know it, but fat is an obligate need of the human body, unlike carbohydrates. Our bodies can manufacture certain fats from other fats and carbohydrates, but these will be saturated fats or monounsaturated fats, with the unsaturated site at a non-essential location.

On the other hand, there are two classes of fats that our bodies cannot make under any circumstances and when lacking in the diet, severe disease can develop. These very unsaturated fats are called omega-3 and omega-6 fats. The naming simply stands for where the first unsaturated bond lies between the carbon atom chains. If it is in the third linkage, it is omega-3. If in the sixth linkage, it is called omega-6. Our bodies do have the ability to lengthen and further desaturate these fats once the basic raw material is introduced. For example: Alpha linoleic acid, an 18 carbon-chain fatty acid with two unsaturated sites found heavily in flax oil can be elongated in the body to 22 or more carbon chain fats and further de-saturate the longer chain. However, the raw material must be present in the diet and sensitive enzymes responsible for further fat metabolism must not be blocked, as they often are in cases of diabetes or by margarine

(which I'll discuss in a moment). These essential fatty acids, as they are commonly called, play critical roles in cell membranes. They provide flexibility and fluidity to the membrane, allowing for nutrient transport and passage of waste materials. When the membrane becomes stiff, like weathered rubber, it loses its protective functions. Stiff cell membranes do not retain moisture well, hence the possible development of dry skin and eczema type rashes as a result of these deficiencies. And the brain and nervous system are mostly fat and heavily dependent on EFAs.

Essential fatty acids (EFAs) are also the original source for a whole family of hormones called prostaglandins (they were first discovered in the prostate gland), but are ubiquitous throughout the body. They function to modulate inflammatory processes, circulation, and lubrication of blood vessels. There actually is a significant deficiency of balanced EFAs in the American diet. Further, intake of the two classes is extremely unbalanced. Human history has documented an intake ratio of about three-to-one omega-6 to omega-3. Today's modern diet can see ratios as high as 12 to one. And worse yet, a majority of oils consumed are already very toxic in that they have been processed out of the source (corn, seeds, etc.) under high heat, pressure, and with toxic solvents. The heat and pressure alters the three dimensional structure into fatty acids never before encountered by the human body called trans-fatty acids. The combination of the imbalance, deficiency, and toxic oils is a participant in the epidemic of circulatory, allergic, and degenerative diseases in the country today.

The only oils suitable for cooking are organic extra virgin olive oil and coconut oil. Canola oil is a clever deceptive misnomer. There is no "canola" seed. This oil is actually made from a genetically engineered rapeseed, and rapeseed has for years been known to be very toxic and have industrial uses rather than food uses. Renamed "Canola oil" for

"Canadian Oil Company," its true source has been disguised and should be avoided. The best sources of essential fatty acids for human consumption are hemp oil (it has the best omega-3 to omega-6 ratio), flax, and walnut and fish oil for omega-3 and cold processed organic vegetable oils providing omega-6. Medicinal omega-6 can be found in borage and evening primrose oil. Fish that have scales are the best source of the most active and useful omega-3. Hemp oil, while the best vegetable source, still must be altered by the body to release its prostaglandin potential. In many people, the body's ability to do that can be deficient for other reasons.

A final problem with commercial oils is the containers they are packaged in. Most oils are now sold in plastic bottles. I would never buy oil packaged in plastic. Oil is a solvent for petrochemicals. Plastics are made from petrochemicals, and to make them flexible, highly toxic phthalates are added. These can easily leach out right into the oil you are going to use since they are oil soluble. Phthalates are injurious to body organs, especially gonad function.

And carbohydrates? Grains are a relatively new addition to our diets. Some people can do very well on them (See my special report "30 Days to a Slimmer, Trimmer You"). Yet most grains are milled to starches (bread, pasta, pastries, etc.) that retain the carbohydrate calories, but lose the minerals and vitamins originally carried in the whole grain for proper metabolism. This results in further malnutrition, even in the face of adequate calories.

Sprouted grains and legumes, on the other hand, are among the best nutrition. They have their vitamins and minerals released in their burgeoning new life, ready for our sustenance, and are really the equivalent of a fresh vegetable. The carbohydrate portion of a milled grain is a dead food, largely devoid of the nutrients nature placed therein for the consumer to benefit thereby. God in his wisdom placed all the necessary

cofactors in foods for their proper digestion, metabolism, and absorption. For example, sugar cane has plenty of B vitamins for metabolism of its natural sweet sugar. Yet milled refined sugar is devoid of the vitamins and minerals necessary for its processing and combustion in the body.

And organic foods? We will shortly discuss the merits relating to chemicals and pesticide poisons. However, at least one laboratory (Doctor's Data of Chicago) on its own has tested the mineral content of organic foods vs. commercial. Taking random vegetables off the shelf, the researchers found organic foods contain significantly more nutritional minerals than commercial vegetables, and far less toxic minerals!

Moral of the story again: Eat what grows around you when it is in season. Cook foods lightly. Buy fresh and organic. The meat eaters should emphasize organ meat and less on muscle cuts. If God did not make it, do not eat it!

A few additional suggestions on food combining: Try not to combine fruits with anything else. They are best eaten alone. Vegetables can be combined with starches or protein. Try not to combine starches with protein. Improper combinations of food can lead to stress on the gastrointestinal system resulting in gas, bloating, and indigestion. Your digestive system is designed to process the foods delivered to it. The digestive needs of different foods are different. Rule of thumb: Do not haphazardly mix different foods with different digestive needs.

A word about another nutrient you might never think about: sunlight. Yes, it is a biologic need of the body and, therefore, I classify it as a nutrient. It is an absolute requirement for the body to manufacture vitamin D from food sources. UV light striking the skin activates cholesterol to vitamin D. Further, UV light hitting the retina of the eye is responsible for maintenance of proper pineal gland function, which is intimately involved in sleep cycles, and the manufacture

of hormones essential for protection of body cells, sleep, and prevention of depression. I know the significance of the latter, after seeing much seasonal affective disorder (SAD) in my home state of Alaska from lack of sunlight.

Sleep is also an absolute requirement for the body, a sort of non-physical nutrient. Just as we cannot push a machine to run forever without allowing it to stop and repair worn parts, sleep is required for the nervous system to wind down, and allow the body to repair. A minimum of 8 hours a night is essential for the average adult.

If you can't sleep, try taking all of the electronic gadgets you have in your bedroom and put them in the garage. That means your TV, VCR, computer, alarm clock, answering machine, and anything else that gets plugged into the wall. I can't guarantee that this will work, but it certainly couldn't hurt to try. Some studies indicate that these devices might actually affect your ability to sleep. The German researcher Wolfgang Maes, an expert in electro-magnetic stress, says that "Because of electronic stress, the bedroom is often the most dangerous place in the home." If you find that this works for you, please let me know. I'd love to hear your story.

(2) Toxins

The second factor is a topic that could fill volumes. The Centers for Disease Control and Prevention (CDC) recently (2001) released research showing the population at large is much more exposed to and contaminated with chemicals than previously thought. I will try to condense it for you in easy terms.

Before the Industrial Revolution, we ate food and lived in an environment containing only naturally occurring compounds and elements that sustain life. Otherwise, we would not be here. Since the Industrial Revolution, and especially in the last 50 years, there has been an explosion of new man-made chemicals allegedly for the benefit of mankind with the adage: "Better living through chemistry."

What have we gotten for it? Today, at

least 30,000 chemicals never before seen on the planet are mass-produced and released into the environment. We are digging up the earth and releasing literally tons of naturally occurring heavy metals that Mother Nature had safely tucked away in her innards. These, too, are making their way into the food chain. We are adding a multitude of chemicals deliberately into our foods, calling them preservatives, and creating hordes of artificial substances with propaganda that it is good for us (like margarine). I shall catalog a list of agents I consider toxic for the human system (not to mention all biologic systems):

Aliphatic and aromatic hydrocarbons, chlorinated and halogenated hydrocarbons (such as DDT, PCB's, pesticides), heavy metals (especially mercury in your fillings), fluoride (in drinking water), chlorine (in drinking water), preservatives, food dyes, and colorings, trans-fatty acids (margarine), phthalates (plasticizers), radiation, genetically altered foods (GMO), pesticides, fungicides, food irradiation, hormones, electromagnetic pollution, microwave food, vaccines, preservatives, bacterial toxins, animal toxins, drugs, and natural substances out of balance.

Let's go through these briefly: Since the end of WWII, we have seen the introduction of some 30,000 or more man-made chemicals into the environment, never before seen in nature. Literally millions of pounds of these chemicals are released into the environment each year. Mining of mineral deposits release additional toxic heavy metals. Combustion of coal releases even more heavy metals such as fluoride and mercury. And we stop and think little of the impact of these on biologic systems, immune systems, and nervous systems that have never in creation seen these elements and compounds.

Our dependence on petroleum has created a new class of chemical in the environment called aliphatic (straight chained) and aromatic (ringed structured) hydrocarbons. These have known toxicity to biologic systems, especially the nervous system and

immune systems. Benzene (an aromatic, for example) is known to promote cancer. Inhalation of glue and other hydrocarbons almost literally punches holes in the brain. Our foods are sprayed with pesticides, allegedly to increase food production.

These laced foods and extremely toxic compounds are completely foreign to the immune system. This can result in significant immune system derangement and confusion. Pesticides are among the worst offenders. Glorified as saviors to food production, ever-increasing levels are linked to cancer, neurologic degeneration, immune system deregulation, and more. They also have the unfortunate property of powerfully mimicking hormones (estrogens) in the body. And estrogens are among the most potent of carcinogens for the female system and the prostate gland.

Formaldehyde is ubiquitous in building materials, glue, rugs, and most synthetics. It will put out gas for years. Formaldehyde is an embalming fluid and a killer for the immune system. It can sensitize the immune system to dozens of chemicals. Organic and halogenated hydrocarbons, in addition to their direct toxic effects on biologic living systems also create long-term toxicity. The body will try to tuck them away in fat storage sites (since they are fat-soluble). Over time they are released into the general circulation as fat is turned over. The body has no good mechanism to eliminate them. They must be processed through an oxidative chemical alteration in the attempt to eliminate them. That process can promote the chemicals to carcinogens. Analysis of breast tumors can yield significant amounts of these toxins (such as DDT) stored away for years in the fatty tissue of the breast right up against very sensitive mammary tissue, vulnerable to cancerous degeneration. Many estimates place such chemicals as causing upwards of 70 percent of all cancers in today's world.

Heavy metals, once tightly locked into the earth, are being released at horrible rates. Our systems, not used to seeing such miner-

als, have developed little mechanisms for eliminating them. Such toxic minerals include lead, mercury, aluminum, cadmium, arsenic, tin, and more. Most all enzymes (the metabolic workhorses of cells) are charged with a mineral to act as their spark plug and do their work.

The nutritional minerals may be calcium, magnesium, zinc, potassium, chromium, molybdenum, or others. Heavy metals such as mercury and lead actually have a higher affinity for the enzymes than the nutritional metals. Thus, the heavy metal comes along, displaces the nutritional metal, and denatures or wrecks the enzyme or protein. It would be the equivalent of stuffing the wrong part into assembly line machinery. The machinery cannot process the wrong part and stops dead in its tracks, indefinitely lying there idle, crippled by the wrong part jamming its system.

In recent years, the EPA has estimated that modern humans have up to 700 times the amount of lead in our bones than our Peruvian pre-Columbian ancestors. Couple that with the even more poisonous mercury imbedded in our teeth in amalgam fillings, and a huge load of other heavy metals such as arsenic in our foods from fungicides and pesticides, tin from amalgams, and cadmium from metallurgy. More and our bodies are flooded with elements they were not programmed to eliminate. A report in the *Journal of Occupational Toxicology* revealed that laboratory rats, exposed to the LD1 (lethal dose level of a substance that would kill one percent of an animal population) of both lead and mercury would result in a kill rate of not two percent but of almost 100 percent. Thus, the poisons were not just additive or geometric, but exponential in their lethality in combination. (This is one of the very few scientific articles looking at the additive effect or synergism of toxins. It is reprehensible that neither industry nor government looks at synergism until it is too late.)

Hundreds of millions of Americans have highly toxic levels of mercury imbedded in

their teeth by their dentists. We have been exposed to high doses of lead in gasoline additives and paints. Add these to the other high levels of heavy metals to the environment and we are becoming chemical soup. Aluminum, a light metal but highly toxic to the nervous system, is added to antacids, antiperspirants, and is ubiquitous in the environment.

Add to the heavy metals a daily load of the most poisonous substance around — fluoride, deliberately added to drinking water, allegedly to reduce tooth decay in kids, but never proven to do so. Fluoride poisons almost all biologic enzymes and, in just one part per million, (PPM), wreaks havoc on the DNA repair enzyme. (DNA is the genetic substance. Any damage to it can result in severe cellular disruption or even cancer.) Fluoride also attracts heavy metals, so that when added to drinking water, it can attract more heavy metal deposition into the body. It is added to our waters at the level of one PPM.

I cannot leave the topic of mercury so quickly, yet to tell the full story would take volumes. Do you know that if your dentist were to take the mercury based fillings out of your mouth and throw them in your back yard, the EPA could come and cite and fine him for polluting the environment? Bet you didn't, and also bet your dentist does not know it either. But it is true. The stuff is just so poisonous that the government considers it a hazardous waste substance, fitting only for very proper safe disposal or perhaps ... in your mouth!

In truth, there is enough mercury in one average filling to kill you outright if all the mercury were released at once into your body. Yet, since it is released over time, its consequences go largely unnoticed by the majority of the health establishment who do not even take the time to look for toxic levels in your body, even though you may have 12-14 times the lethal dose hanging around in your fillings. This mercury exposure is a national tragedy condemning millions to almost any known neurologic dysfunction

(mercury accumulates in the brain and can cause irreversible neuronal damage), allergies, immune impairment, autoimmune disease, psychological disorders of every variety, damage to our children through selective placental concentration in the fetus, and more. But do not rush out immediately and have them removed.

Improper removal can release yet more mercury into the body. Be absolutely sure you don't allow further mercury to be placed in your body. Also, do not allow the placement of stainless steel in your mouth. Containing nickel, it can promote allergy, immune dysfunction, and cancer. Gold may be the safest metal, but it must be alloyed with other less safe metals to harden it. Also, gold in the presence of mercury increases more mercury release from the fillings through an electrical current effect. Do not mix and match metals. Many of the metals, especially those containing mercury, may emit a higher voltage of electricity into your body that is generated by your nervous system. Think your brain likes being fried with electricity from battery electrodes (the metals) placed so close to it in your teeth?

Chlorine, also added to drinking water, has been shown to create chlorinated hydrocarbons in the water and in our bodies (compounds similar to the worst, longest-lived pesticides). It has been clearly associated with accelerated atherosclerosis and cancer (especially of the bladder).

Margarine and trans-fatty acids are included in the toxins category. Falsely promoted for years as a healthy alternative to natural saturated fats, these are chemically made by taking rather low quality unsaturated vegetable oil and subjecting the oil to high temperatures and a chemical alteration called hydrogenation. The result is a chemical not normally found in nature, foreign to the body, and jams critical enzyme systems related to fat and certain hormone metabolism. Cell membranes, dependent on flexible natural fatty acids, become stiff and hormone pro

duction of beneficial prostaglandins, used to lubricate blood vessels and modulate inflammation, become gummed by these molecules, which cannot be metabolized well. They are analogous to plastic fat.

Butter has a melting point lower than body temperature. Margarine does not and while it might be liquid when you ingest it, it solidifies at your normal body temperature. Studies have related the sharp rise in vascular and arthritic diseases to the increasing consumption on trans-fatty acids in margarine and packaged foods, which are made with hydrogenated oils, not because they are healthier for you, but because they have a much longer shelf life.

We consume many pounds of preservatives on average each year. Some of these are outright carcinogenic such as nitrites to make meat stay red and pretty. Others are allergenic. Polyethylene glycol is chemically close to antifreeze. Artificial food dyes have absolutely no place in the food chain, and are added simply to make the food look pretty, such as dyes in soda pop. They are possible cancer causers, definite promoters of allergic sensitivity, and no one should consume synthetic dyes.

I know you're familiar with pesticides and insecticides. Touted as a miraculous way to increase food production, we are seeing the devastation these chemicals are inflicting on the environment. Consider just a few thoughts. These substances are toxic to the nervous system of insects, interfering with chemical processes identical to all animals. Has there been any research or proof they are also not damaging our own nervous systems? Hardly. And it took years to discover that DDT and similar compounds were destroying the strength of bird eggs leading to the decimation of rare species such as the California condor. I wonder what the long-term accumulation might be doing to us?

Many of these compounds, like other organics, are extremely long lived. Washing them off fruits and vegetables with rain or tap

water simply means they soak into the soil and wash into the ocean where they come back to us in fish. For example: In my home state of Alaska, scientists were baffled at the presence of pesticide residues found in a wilderness lake, while a nearby lake had none. The difference was a salmon run in the first lake with the fish bringing back the toxins they accumulated throughout their lives in the ocean due to run off from our agribusiness. For years the industry has told us there is little measurable residue in the environment. That was because with old technology, the small residues might not, indeed, be measurable.

Today we can, in fact, measure some of these in parts per billion or even per trillion and residues are found. Some alarming findings are that river otters in the Columbia River are found to be sterile with mixed external genitals, while in the Florida everglades, alligators and amphibians are dramatically losing their ability to reproduce. The culprit? Science is pointing to pesticides in parts per trillion, previously immeasurable amounts, exerting direct toxicity on the immature ova and reproductive organs of the animals dooming them to improper sexual function, expression, and mixed dysfunctional external genitals. The chemicals seem to exert a powerful estrogen-like effect, far more potent molecule for molecule than native estrogens, feminizing male animals and damaging female eggs. And our authorities wonder why we have an epidemic of hormone-related cancers (breast, prostate, uterine, etc.). To write about all the toxic effects of these substances is well beyond the format of this report. Suffice to say, my opinion is that these chemicals are a toxic plague on a global scale and should never be used. Better to lose 25 percent of the crops to insects rather than poison the world.

Furthermore, research is showing that the pests become resistant and more highly toxic chemicals must be used. On the other hand, not using them fosters development of natural predators to the pests. Organic farmers

are discovering they can produce a substantial crop without chemicals and sometimes less expensively than commercial crops by not using the expensive pesticides. Pesticides can clearly damage our own nervous systems, harm the liver, cause cancer, serious immune derangements, and more. The chemical companies will have you believe that one part per billion of DDT or Round-UP or other chemicals will not cause measurable harm. That may be true if that was, in fact, the only chemical insult.

What about the fact that there may be one part per billion of 30,000 chemicals! Perhaps now our bodies have up to 30,000 parts per billion of toxins! Unlike the recently discovered example of the synergism of toxicity of mercury and lead, there have been absolutely no studies on the synergism of the plethora of chemical soup in our bodies. Logic tells us it cannot be doing us any good. In fact, animals suffering reproductive anomalies in the Everglades have shown damage occurring at one part per trillion! Unimaginable thoughts years ago, but today we have levels far exceeding that in our own bodies.

Fungicides, chemicals to kill fungus so that foods have a longer shelf life, may be just as, or possibly even more, harmful. Many of these have had heavy metals as their base. These long-lived poisons tend to accumulate at the higher ends of the food chain. Marine mammals are now seen for the first time with severe immune system derangements and reproductive problems. At the top of their food chain, they have very high levels of all the above type chemicals we are washing into the oceans. Of course, man is at the very top of the chain. And it does not take a rocket scientist to hear and read of the terrible diseases and reproductive problems besetting large segments of mankind.

Ever wonder about your precious microwave? It heats foods not by convection, but by bombarding the food with high-energy electromagnetic waves. Not natural to the environment, they can and do twist molecules

into shapes totally foreign to the body and not found in nature. Among these are trans-fatty acids and amino acids with the wrong “handed-ness.” All natural amino acids are what we call left-handed in their three dimensional structure. Microwave energy can twist them into right-handedness, not found in nature and potentially highly toxic to the body. Recommendation: Heat your food conventionally or via a convection oven rather than via microwaves. I have seen unpublished data that laboratory animals fed a strict diet of microwaved foods quickly perished.

Speaking of the kitchen, one should be very aware of plasticizers. These are a class of chemical compounds, usually phthalates, which are added to plastic to make it soft. Problem is the compounds come out of the plastic and into food and drinks and are likely making your organs soft as well. This is one of the insidious classes of compounds the CDC has found in increasing amounts in the unsuspecting population. They wreak havoc on the liver, kidneys, and especially the reproductive organs. Better watch out for chemicals that make things soft!

Poisons are common in the kitchen, but there’s an easy way to save your life — or the life of someone else — if you accidentally ingest a poison. The good news is, this simple treatment will also help if you get food poisoning. Obviously, washing your food thoroughly, and even rinsing raw veggies and meats in a diluted solution of hydrogen peroxide will help you avert most of the bacteria that cause food poisoning. But keeping some deactivated charcoal around the house may be the simplest life-saving solution you ever come across.

In December of last year, *Pediatrics* online reported on 115 children treated at home with activated charcoal after ingesting poison at home. There were no difficulties in the administration and it was shown to be safer, more effective, and easier to use than ipecac, a syrup that induces vomiting.

More poignant, the study showed that

children who got the charcoal at home received appropriate treatment more quickly than those who received only treatment in a hospital emergency room, 38 minutes compared to 73 minutes on average. Activated charcoal is most effective if administered within one hour of ingestion. It neutralizes the poison by absorbing it, rather than allowing the body to absorb it. However, its limitation is that it must come in contact with the poison, hence, the necessity of early administration.

Activated charcoal is inexpensive and absolutely safe. Please keep it on hand. You can mix a few tablespoons in water to make slurry for the victim to drink while you take other action such as calling a poison control hotline or take the child to the ER. If you ever have children in your house, make sure you have some deactivated charcoal on hand. You can get it at any health food store.

Electromagnetic pollution follows next. Research is showing that DNA can be affected by low energy electromagnetic fields. Living near high tension power lines, radio or television transmitters, appliances that emit such energy, excessive use of cellular phones, and working in front of video display terminals may all contribute to absorption of electromagnetic energy, heretofore not present of the earth in these wavelengths. Biological systems have been shown to be sensitive to such energy. Cancer has been both induced and reversed by electromagnetism.

There are many conflicting reports of the effects to energy fields and industry has a vested interest in showing that they do not produce harm, just as the chemical industry has/had a vested interest in proving the safety of pesticides. In Europe, there are known geographic areas where cancers abound and traffic accidents are high. These phenomena are attributed to geopathic stress (energy field emanating from the earth), natural fields, or underground movement of water creating pathologic energy fields.

A new study from Japan suggests electromagnetic fields are inducing deleterious

effects. Scientists at Japan's National Institute for Environmental Studies have shown that electromagnetic fields (EMF) may disrupt the known cancer-protecting properties of the hormone melatonin.

Melatonin, a nighttime hormone secreted by the pineal gland, has been used to induce sleep and quickly resolve jet lag. It's been accepted for years that melatonin suppresses the division of cancer cells. Authors Ishido and Kabuto demonstrated their work on a breast-cancer cell line easily affected by magnetism, where melatonin was added to the cell culture.

They exposed two batches of cancer cells to two different levels of EMF, one between 1.2 and 4 microtesla, the level at which most humans spend their daily lives, and another to about 100 microtesla. In both cases, the ability of melatonin to suppress cancer-cell multiplication was diminished. In the cells given lower levels of melatonin, the suppressive action was entirely absent. The authors reported that EMF can disrupt the three chemical elements with which melatonin interacts when suppressing the growth of cancer cells.

This hotly debated topic isn't close to being settled, and probably won't be for many decades to come. Here we have actual documentation, though, of how the energy of the field can interact chemically with cells. I now have little doubt that exposure to artificial EMF may have harmful effects. Prior to the advent of modern technology, the only EMF exposure on the planet was that generated by the sun, as well as the earth itself. Now we are exposed almost everywhere we go, from power lines, to appliances, to cellular phones, radio waves, and so on. Best to live as far as possible from the higher voltage locations, since they seem to be of greatest concern. The good news is that the intensity of EMF falls quickly (by the square of the distance) as you move away from the source. Until more is known about electromagnetic energy, the only recommendation I can make is to avoid exposure as much as possible.

The far end of the electromagnetic spectrum is X-rays and nuclear radiation. These are called ionizing radiation, overtly damaging molecules they hit and obviously are hazardous. I am sure I do not need to elaborate on the hazards of such radiation hitting your own body. No biologic system was ever designed to accept and tolerate the supercharged energy of ionizing radiation, which blows electrons on molecules into behavior so wild that they can damage or destroy everything in their path. That is what industry is bombarding at food in an effort to give it longer shelf life. The radiation is so forceful that it smashes apart chemical bonds, which can reunite in unnatural ways to create molecules called radiolides, compounds never before seen on the planet. Think our immune systems would know what to do with them? Please avoid irradiated food at all costs.

Vaccines listed as toxins? Although they're a sacred cow to the establishment, I do list these in the toxin category. First, they contain all kinds of heavy metals and other preservatives (such as formaldehyde), all of which are known poisons to the body. Next, they also contain animal proteins. It is impossible to purify the virus or bacterial material completely from the animal products they are grown or cultured in. Thus, when administered, foreign animal protein is also injected into the body, which may look like, but is dissimilar enough to our own proteins that an abnormal immune response can be initiated in our own tissues. This can cause the development of tragic conditions such as autism, neurologic defects, immune dysfunction, intractable allergies, asthma, and more.

Furthermore, research is showing that all the vaccines given over such a short time to an immature immune system (our young), may permanently deplete the thymus gland (the principle immune organ) of irreplaceable immature immune cells. Each of these could have multiplied and developed into a whole army of cells to combat an infection. Just like a human female is born with a *fixed number*

of egg cells, it appears that all of us are born with a fixed number of these immature multi-potential thymus cells, which when exhausted may deprive us of the permanent immunity we need.

The Arthur Research Foundation of Tucson, AZ estimates that up to 60 percent of our immune system may be exhausted by mass multiple vaccine administration compared to less than 10 percent permanent depletion if the child were allowed to develop natural resistance to the wild virus or disease. Further, there is compelling evidence that the development of the usual childhood diseases matures the immune system and renders it far stronger to future infection, and depriving the immune system of such exercise promotes the development of permanent allergies and asthma. In fact, it has been published from findings in New Zealand that up to 23 percent of fully vaccinated children may develop asthma compared to zero percent in a control, unvaccinated population.

Action to take: Use medical or religious exemptions to avoid government mandated vaccinations until the government can show conclusively that the risks of mass vaccination in the causation of allergy, hyperactivity, immune dysfunction, asthma, autoimmune disease, and even cancer do not outweigh the risks of not having the vaccinations.

I have listed hormones in the toxic category as well. Most hormones prescribed today are not natural hormones as found and produced by the body but synthetic compounds that can be patented for a major profit to the pharmaceutical industry. Natural hormones cannot. As a result, many women are receiving methyl testosterone rather than natural testosterone. The former is exceedingly toxic. Synthetic progestins, rather than natural progesterone, are commonly prescribed. The latter, totally natural to the body is well accepted by the body. The former may be partially responsible for the escalating rates of breast cancer.

Action to take: If you need hormones,

see a doctor who is familiar with and willing to prescribe natural hormones rather than synthetic chemicals or horse estrogens.

There also is a class of natural toxins both easy and hard to avoid — naturally found toxins of animals, plants, and bacteria. Some of these are obvious such as snakebite, poisonous plants, and overt bacterial infection. However, less known is intoxication or poisonous effects of subclinical bacterial toxins. Centuries of wisdom have taught practitioners of natural healing that “all disease begins in the colon or intestines.”

Obviously, considering everything written above, that is not exactly true, yet it is very accurate. Mounting evidence over the past century links the toxins of intestinal bacteria with a host of degenerative diseases. Most all people are familiar with bacterial poisoning from foods. Yet bacteria already in the intestines can pump toxins into the system that look like our own tissues and stimulate a pathologic immune action against our own body, or the toxins may actually attack organs directly. Such endotoxins may be partly responsible for the development and progression of Parkinson’s Disease, degeneration of nerve cells, arthritic diseases, and many more. Further, whole bacteria themselves have been shown to also move across the intestinal wall intact into the general circulation!

You might wonder why I have listed salt, sugar, and sodas in the list of toxins. This topic is not limited to just those three items, but I discuss them here to elaborate on what happens when substances that are found in nature, that you might consider to be safe, since they are “made by God” (but are taken out of their natural state and consumed). Salt is sodium chloride, both elements essential for life. Yet for millennia, humans have lived in a world where salt was rare and our bodies learned to conserve sodium where necessary and did not learn how to handle excess sodium without consequences.

Excess sodium intake forces our kidneys to remove it, resulting in a loss of other

essential and necessary minerals in the process (such as calcium, leading to osteoporosis).

Sugar, another substance found in nature is made into a pure white powder by our manufacturers, no longer in its native state. Cocaine is another pure white powder, also extracted from a plant. Not to say sugar is as dangerous as cocaine, I am suggesting that sugar, when refined, takes on pharmacological properties and ceases to be a food. It wreaks havoc on our endocrine system (insulin especially), raises cholesterol and blood fats. The amount of sugar in one soft drink has been unequivocally shown to significantly impair the immune system for hours after ingestion, depressing the ability of our white blood cells to eat and destroy the gonococcus bacteria (the germ that causes gonorrhea) by up to 50 percent and taking up to seven hours to fully recover.

Refined sugar (not the sugar cane itself), therefore, is cited in my list of toxins. Sodas, now the mainstay of fluid consumption for our youth as well as many adults, contains not only toxic amounts of that white powder in dissolved form, but excessive levels of phosphates and phosphoric acids which rob calcium from the body almost gram for gram. Thus, the "Pepsi generation" might become the "cripple generation" with osteoporosis and arthritis as a result of all the phosphate minerals leaching in our bones.

The moral of the story here is that even substances found in nature can act as toxins when consumed in a form other than the one nature designed.

The list of agents toxic to biologic systems is as long as the list of agents not found on the planet 200 years ago or not found in the food supply or air (in the case of heavy metals and additives to water). All taken together, there is considerable havoc inflicted on the body. It is far easier and cheaper to avoid these toxins than to remove them. Eat organic where possible. Take saunas on a regular basis if possible. Far-infrared saunas are best as they are very well tolerated,

involve much lower temperatures than thermal saunas, and are documented to induce excretion of heavy metals and chemical toxins through the sweat. Exercise regularly. This also induces sweat removal of toxins and natural chelators of heavy metals. Never allow the implantation of the most poisonous of the heavy metals — mercury — into your mouth by a dentist.

Drugs Are Toxins, Too

And now for my favorite toxic topic: drugs. Published in the *Journal of the American Medical Association* in June 2000 was an article proving the fourth leading cause of death in this country is iatrogenic disease, that is, disease induced outright by medical treatment. If one would add to the statistics published in that article, the morbidity and mortality (injury and death) caused by expected and known reaction of drugs (but ignored for statistical purposes since such reactions are expected), medical and drug treatment would likely make it to the third leading cause of death, after heart and circulation disease and cancer. I have challenged large audiences to name me one drug that cures a disease for a cash prize (leaving out antibiotics). No one, not even doctors can do it.

The overwhelmingly dominant form of medical therapy in this country in the last century has not been with agents designed to promote normal biological processes, but with petrochemical pharmaceuticals, which are designed to interfere with and block physiologic processes. A quick scan through the bible of doctors, the PDR (Physicians Desk Reference) demonstrates a little known fact. Most drugs are classified into inhibitors, blockers, or antis. Anti-hypertensive, anti-infective, antibiotic, anti-inflammatory, anti-pain (analgesic), and the list goes on. There are the calcium channel blockers, acid blockers, etc. I've never once seen a synthetic chemical restore normal processes instead of inhibit them.

Our paradigm in allopathic medicine is

to treat with an opposite instead of correct the underlying dysfunction. Hence, more damage and injury. The body is an extremely complex milieu of chemistry, neurology, hormone, and other balances. For a person to be ill, something must be forcing the imbalance. We are treating with a forceful rebalancer ignoring the risks. Imagine this analogy for your car: The vehicle is handling very poorly. One tire is very low in air compared to the other three. The medical paradigm is to deflate the other three to force balance. Yes, the handling will largely normalize if all the tires have the same air pressure, even if half of the recommended pressure, but the performance will collapse with more fuel consumption and more wear and tear. Correcting the "nutritional" imbalance, air deficiency, would have made much more sense. Drugs are disturbances to the body; not one is designed to cure you (perhaps with the aforementioned exception of antibiotics, which do not cure if you do not have an adequately functioning immune system).

Additionally, most are made with toxic preservatives, stabilizers, and coloring agents to make them look pretty, etc. There is virtually no research into the interaction of the pharmaceutical soup of multiple drugs in our bodies, while there are many reports of drugging the elderly with multiple agents. Commonly used drugs can be lethal when used in combination as has been seen recently with the prescription antihistamine Seldane. I am not opposed to the wise use of drugs. All are or can be valuable and useful when used appropriately. The problem is, very seldom are drugs used appropriately. Over 24 million pounds of antibiotics are used annually in this country alone in livestock feed. Wiping out beneficial germs and making the pathologic germs resistant are just a few of the toxic effects of this practice.

Natural substances, how can they be toxic? Salt, for example, is a substance until recently found in trace amounts in the human diet. Added to all processed foods, sodium is

closely implicated as the chief etiological agent in hypertension. Studies dating back 20 years show elevated sodium levels in the lining cells (endothelium) of blood vessels as a cause for elevation of blood pressure. Sugar acts to damage the immune and endocrine system. Even water (usually not consumed even close to ideal levels) can be toxic if one drinks it nonstop all day.

The Perfect Example: Benadryl

If you need more proof, a report recently published in the *Archives of Internal Medicine* tells of a popular drug which causes a heightened risk of hallucinations in the elderly. Diphenhydramine, sold as Benadryl, an antihistamine, and also found in a number of sleep aids such as Sominex, increases the risk of delirium in the elderly by 70 percent, compared to non-users. In addition, users were found to be three times more likely to be inattentive, three times more likely to have altered consciousness, and more than five times more likely to have disorganized speech as compared to non-users.

This drug, in addition to being well known to be a class-one antihistamine, also possesses anticholinergic effects. Acetylcholine is an important neurotransmitter, and the effects of diphenhydramine (which will interfere with the functions of the neurotransmitter) are likely more pronounced in the elderly as are the effects of most drugs.

Action to take: I'm hoping my message of wariness to drugs (even "safe" ones) is getting through. There are many ways to skin a cat and there are many alternatives to this drug. Vitamin C, in three to four gram doses, possesses wonderful antihistamine properties. Antronex, a food supplement from Standard Process Company, does likewise. With all my strength I urge my patients to avoid sleeping pills of any kind. Consider exercise, warming your feet with thermal socks in bed, and meditation. If a pill must be taken, tryptophan (100 mg) or a low dose of melatonin (three mg) is much better than sleeping pills.

(3) The Stress Factor

Stress is so ignored, but a bottom-line cause or aggravating factor in just about every condition. Western science got off to a very bad start in the understanding of stress by embracing the ideas of Descartes for many years. He taught that the body is here and the mind is there, and one does not affect the other.

Today, we know better. Studies have shown a very high incidence of a great stress in the years shortly before the development of a cancer. Just a few years ago, *Time* magazine featured a major story on stress, interviewing researchers who were quoted saying, "It is as if the immune cells themselves were expressing grief" by the inhibition in their function secondary to the stress of the individual. Studies were done on dental students before an exam and the white blood cells of the stressed subjects had significantly reduced function to fight infection.

We know that stress is intimately involved with higher stomach acid levels (ulcers), higher adrenaline levels (hypertension and heart disease, faster heartbeat), reduced hormone function, and now in February 2001 it is connected to accelerated wrinkles in the face (faster aging).

Oriental medicine teaches the same concepts. Each organ/meridian system is connected to a particular emotion. Pathological emotions can lead to pathology in the organ/median system.

- Heart — joy (excess or lack of)
- Liver — anger or depression
- Gallbladder — rage (hence the term, green with envy — green bile)
- Lungs and large intestine — grief
- Kidney and bladder — fear

I have my own theory on how this all works. Every cell in the body is in one way or another connected to the nervous system. For our immune cells, it is as if they are a direct extension of the nervous system. Although there's no fixed wiring to the brain,

immune cells carry receptors on them identical to receptors in the brain. Hence, sensitivity to stress peptides (proteins). Body cells all have nerve endings adjacent to them. These nerves can stimulate the cell or depress it. For example, the parasympathetic nerve to the stomach, when activated, stimulates the cells to make acid and move intestinal contents along. Stress can alter the output of the nerves causing aberrations in the information they give to the target cells. Every cell in the body has an electrical charge across the cell membrane. Alteration in the nearby nerve can substantially alter the membrane's potential altering cell function. Thus, when the researcher says, "it as if the cells themselves are expressing grief," this is not an understatement. The activity of the nervous system will be expressed in its stimulation or depression of target cells and organs which will, in turn, express the same emotion through changes in their cellular electrical constants.

When it comes to stress, I try to keep it very simple with my patients. Three lessons I learned years ago from my acupuncture trainer:

(1) Never feel irrational guilt. When you've done something to cause guilt, deal with it appropriately. But if you haven't done anything wrong and still feel guilty, you need to change the way you're looking at life.

(2) Never blame others (it provokes irrational guilt in them).

(3) Always take responsibility for your own actions. (With this, there will almost never be a reason to feel guilt or blame the other since he will already have accepted responsibility.)

There is only one thing we take to our graves — our body. Think it does anyone any good to take negative thoughts about another person or ourselves to the grave? No. What will help the other person is unconditional forgiveness and love. And of course, that is exactly what we need for complete inner healing.

There's an old saying: *As I think, I am.*

Actually, it is very accurate. Science is showing that there is a powerful subconscious mind that really rules us and expresses in a physical way what we really are mentally/spiritually. We hold emotions within. They tend to get held in a particular area of the body, affecting the local nervous system and causing deterioration. Physical as well as emotional trauma and scars can be held in by the body for years. I remember a case of a most unfortunate woman with significant female problems, which likely resulted from sexual abuse as a child. Diagnosing this, I suggested a physical technique to her to help purge the effects of the emotional trauma on her physical body. It involved a German acupuncture technique called Neural Therapy. The treatment involved injecting the nerve plexus on each side of her pelvis (where the sexual abuse effects were manifested) with the local anesthetic procaine. Following this, she had a monumental emotional release and was able to complete stalled psychological therapy for the problem and quickly resolved all issues.

I was fortunate to have exposure to another oriental technique of analysis called Body Mapping. In this discipline, it has been taught and observed that the physical body manifests the personality and history of the individual. Masters of the technique are often highly paid to select juries who might be more sympathetic individuals, simply based on what their faces show.

For example, the openness of the upper curve of the ear is said to manifest how open minded someone is. A curve that is totally crimped down and closed suggests a very closed-minded person, while a curve that is so open that water would run out suggests an extremely open or even gullible person. Having seen a totally closed ear curve in a noted quack buster brought to Alaska to debate and defrock me, I knew he was not the type to give fair or reasonable consideration to anything at all. The awareness spared me much aggravation from his totally rigid, dogmatic,

and intolerant presentation. I knew my observation was correct.

Masters of the technique can often tell an individual what he is harboring at the subconscious level based on the physical location. Arthritis, rigidity in the body, is seen as inflexibility in the personality of the individual. This, I have seen repeatedly. Cancer, a disease that eats out the body, also very often represents something that is eating out the mind. Something eating out the mind must eventually take its toll on the body since the body and mind are one. And scientific studies do confirm this.

It is not my purpose here to list all the research showing how the mind and body are intertwined or list all the ways the reader can reprogram the pathologic connections, but to draw attention to the inseparable unity of mind and body. One human does not exist well without the other and each are dependent on the other. I encourage prayer, meditation, or any technique that will help an individual quiet the mind. It is up to us to learn from the disease process we have, what it is trying to tell us, and when we have learned from it, we do not need it anymore. Unconditional love and forgiveness, letting go of the past, living in the present, and moving toward the future, as taught by many masters, is the best advice anyone can take to heart.

In all honesty, I spend most of my time addressing malnutrition and toxins, even though I consider stress and the emotional/spiritual causes of disease to be very important. The reason for this is that most people are far more willing to address the former two that look deep within at the latter, myself included.

Now let's take a quick look at genetics, exercise, and physical trauma.

(4) Injuries Can Be Debilitating

Physical trauma is easy to discuss. Obviously, getting hit by a truck or scalded by hot water will have deleterious effects on

health or body, with ramification based on the degree of physical damage. The strength of allopathic western medicine is here, and there is no other system of healing in the world that can compare. If I was broken up in a train wreck, I would want my physical body to be physically put back together. Not much to intellectually discuss here.

However, there is one aspect of this that few people know and it involves the retention of the trauma, injury, or even a surgery by the nervous system, similar to the emotional trauma of the sexual abuse case I mentioned above. Discovered earlier in the last century by a pair of German medical doctor brothers, the Hunekes, a scar from trauma or a surgery can input a very low level pathologic impulse into the nervous system and reflex out at the same or a different level through the autonomic nervous system. This can result in chronic pain or even an organ dysfunction most likely through disturbance of blood flow caused by the autonomic (sympathetic nervous system) response to the offending input.

Consider millions of inputs into your high-tech computer, but one input is flawed. Can you trust any of the output? Not likely. You would not know where the glitch might come out. That is what is happening with an "interference field" that can develop in the nervous system from a scar, physical, or emotional trauma. A condition called reflex sympathetic dystrophy is the classic extreme example of this effect. Physical changes to your teeth can also leave you with an interference field disturbing the homeostasis (equilibrium) of your body.

A dead tooth, or root canal, or a missing tooth can result in a process that irritates the nervous system causing very significant distant effects, such as chronic unexplained pain, organ dysfunction, or even cancer. Scars and physical trauma may only need a simple, safe, and inexpensive injection of a local anesthetic like procaine into the scar or injury site, which can permanently reset the injured nerve. A physician trained in neural therapy

will be the best bet to understand and treat these concepts. Dental disturbances will require a dentist familiar with biological dentistry.

The best bet to heal a gross physical trauma is orthodox western medicine in combination with the best of complementary medicine (nutrition, oxygen therapies, etc.) to speed and stimulate healing. When I fractured two bones in my right (dominant) hand into five pieces, I saw the most competent hand surgeon in Anchorage. Between his skills and my hyperbaric oxygen chamber, he was astounded at the nearly complete function (even retaining the ability to play piano) that I achieved.

(5) Are Genetics Reversible?

Genetics is also a factor relatively easy to understand. Our genes are the cards we are dealt at conception. Problem is, most people like to blame problems entirely on genes and not the factors that manipulate the genes. A card player dealt a pair of twos does not necessarily lose to three kings. The power of his hand can be magnified in how he bets and plays the hand. Similarly, the hand given us by our genes is expressed and manipulated by how we play it through all of the other effectors we are discussing.

For example, consider cholesterol, proclaimed by Western medicine a great killer. I have patients whose cholesterol levels range between 190 and 240. This, I believe is the genetic range of the individual. Now if he eats poorly and does not take care of himself, he will wind up in the higher range and likely develop heart disease. If he does everything right, he will maximize his genetic range and settle out at the lower end, say 200 and live a long healthy life. Then there is me. My cholesterol hit a high of 180 when I did not look after my diet anywhere near as well as I do now, and bottomed at 155 by eating the pristine diet I do now. I am certain that if I did not take care of myself, and allowed my cholesterol to jump to 180-190, I would fare much worse than the above case that would

keep his around 200 at the lower end of his genetic range through proper diet and exercise.

Height is genetically set also. But nutrition and toxic factors greatly vary the expression. I have identical twin daughters. One is right-handed, the other is a lefty. They have very different personalities and outlooks on life. Such great closeness to a pair of identical DNA beings has convinced me of the greatness of the individual human soul and also the great ability we humans have to modify and maximize our genetic expression within the range set by our genes.

A homocysteine test is a lab test with much more relevance than a plain cholesterol test, in my opinion. High levels are intimately correlated with vascular disease. But most interestingly, high levels of homocysteine can be brought to the floor by vitamins B₆, B₁₂, and folic acid. That means that homocysteine may simply be a marker for how an individual genetically processes these vitamins. The genetic weakness can be completely overcome by additional intake of these vitamins.

In the past, medicine used to attribute most problems to genetics. Considering just the little discussed here, I believe that genetics plays no more than about 15 percent in determining the ultimate outcome of any given person, since genetic expression can be so wide and varied depending on the soul behind the genes and all the other factors that go into the genetic expression. Genetics provides the blueprint. The final product is determined by how we manifest that blueprint through diet, lifestyle, and the other factors. And sadly, science is dumping billions into genetic research as if gene therapy will cure all our ills. It should be obvious by now that it would be far more cost effective to maximize the gene potential God gave us, rather than insert more genes which themselves will have the same vulnerability to all these factors as our birth genes.

If you have a genetic predisposition to heart disease, cancer, or any other health problem, don't accept that as your predeter-

mined fate. A good diet, regular exercise, and some of the other things I discuss in this report and *Second Opinion* can overcome many of the worst genetic makeups. Don't let anyone tell you differently.

(6) Exercise Is Vital

Exercise, the missing factor of many, is seeing much research. Traditional western medicine asks little of the patient as far as exercise, and probably recommends it even less. Exercise is a requirement of life and like everything else, too much can be deleterious and too little as well, with the majority of Americans getting far too little. Exercise is shown to maximize our declining levels of hormones as we age, including the all-important testosterone and growth hormone and to minimize insulin, a serious aging hormone.

Exercise improves the function of the immune system, improves circulation, strengthens the heart, lowers blood pressure, improves metabolism, and raises beneficial endorphins (mood elevators in the brain). There is a big push toward eternal youth and life extension. A major key is moderate exercise. Studies in animals have consistently shown that calorie restriction is the only consistent means to actually extend the lives of laboratory mice. The effect of this is likely through the hormone insulin, which controls blood glucose (sugar). Higher levels of insulin promote higher cholesterol, triglycerides (fats in blood), blood pressure, and most interesting, subtle effects on directly aging DNA so that it reaches a no further division point more quickly (resulting in an end to cell division and cell senescence).

Our high-calorie, carbohydrate diet increases the body's need for insulin to keep blood glucose down. Yet, high insulin is one of the biggest risk factors for vascular disease and aging. High levels promote fat deposition body wide, including the arteries, fluid retention, higher blood pressure, and rapid aging of DNA — the genetic material. There are only two ways to control high blood insulin.

One is restriction of calories (generally unacceptable to people) or exercise, which burns the sugar instead of needing insulin to turn it to fat for storage. Lowering insulin by any means (other than drugs) is likely the most significant thing one can do for total health and longevity. Insulin directly inhibits growth hormone, considered by many to be the anti-aging hormone.

Testosterone, which is critical for a robust body and sexual function in both sexes, is lowered by higher insulin. Studies on the elderly consistently show enhanced longevity with moderate exercise, such as gardening or even walking. At the same time, extreme exercise, as seen in marathon runners, can lead to degeneration in the heart or other organs. Such exercise overtaxes the maximum antioxidant processes designed to protect our cells from higher metabolism.

Exercise raises our antioxidant defenses but can only do so to the limit of the organism. Further exercise overtaxes the innate maximum ability. Marathon runners may overtax their antioxidant defenses and actually get heart damage and accelerated wrinkling. Studies show that the best effect in exercise is 20-40 minutes of aerobic exercise three to five times per week. Such has the most efficient reduction of fat and increase in metabolism.

Aerobic exercise is defined as exercise, which gets the heart to and maintains its rate at 80 percent of maximum (with maximum defined as 220 minus your age). Thus, for a 60-year-old, maximum heart rate is 160 and 80 percent is 128. The 60-year-old could strive for a rate of about 130 for the 20-40 minutes for the most efficient effect. Aerobic exercise generates sufficient but not excess levels of a metabolite called lactic acid. It is what can cause a cramp in a muscle if oxygen requirements are actually exceeded. Lactic acid can exert a weak, chelating effect on toxic and heavy metals; that is, it can bind to the toxic metal and aid in the elimination of the metal through the kidneys.

Exercise for women is especially important. Calcium is laid down in bone through torsion or gravitational stress on the bone. Weight bearing creates piezoelectric currents in the living structure of bone, which assists calcium deposition. Women should be on a regular exercise program for not only their hearts, but also their bones and their brains. So should men, since they are not immune from osteoporosis either.

Stagnant blood gets moved, reducing the propensity for dangerous clots. Muscles become active. Exercise replaces idle fat storage cells with muscle. Muscle cells burn calories and generate energy far more than fat cells, even at rest, thus, the basal metabolic rate increases. The periods in between exercise continue to consume calories, further helping to maintain proper weight.

Recent medical research articles overwhelmingly confirm exercise benefits. In 2001 alone, exercise was shown to ward off mental decline and also demonstrates that regular exercisers were less likely to develop Alzheimer's Disease or dementia of other forms. Some research suggests it encourages more connections between brain cells. More exercise (three times per week) provided more protection with up to 40 percent less likelihood of developing any mental impairment. Women were shown to have the highest protective effect for unclear reasons.

Yet another article now demonstrates that non-vigorous exercise gives significant protection to the heart in women. Simply walking for as little as one hour per week cuts heart disease rates in half, although the authors noted that these conscious women were less likely to smoke and harbored other healthy habits including diet. Regular exercise also has been shown to prevent depression and that when one stops being physically active at older ages, depression is more likely. And studies in very well respected medical journals show that exercise significantly reduces death from **all** causes! Another good reason to get in and stay in shape.

I definitely prefer non-impact exercise. Jogging, while a terrific sport, can take a very heavy toll on the knees. Swimming is terrific — no impact. However, unless you are fortunate enough to have your own non-polluted creek or lake beside your home, you will likely be exposed to high levels of chlorine used in the pools. Few public pool managers, if any, are enlightened enough to use ozone for purification rather than toxic chlorine.

Also, swimming, while a fabulous exercise, may not actually speed total weight loss. Mammals have a reflex that promotes deposition of fat under the skin for insulation purposes when the organism is exposed to colder water. Thus, you will tone your body and put on muscle, but more likely, compared to other exercises, retain pounds as fat your body will hoard for insulation purposes.

My favorite exercise is cross-country skiing. Of course, blessed to be in Alaska, I could do it almost at my front door several months a year. Cross-country ski machines are also excellent. Personally, I prefer outdoor activities rather than a gym in order to breathe fresh, clean air rather than the stagnant reused air of a gym. But they certainly do have their place and I see many friends and patients with toned, shapely, healthy looking bodies from exercise at the gym.

My sister, an ophthalmologist, loves to power walk. This is certainly an excellent exercise, raising heart rate and unlike jogging, with minimal impact. Many articles confirm what my patients have told me about rebounders — they are absolutely fantastic!

So, my dear friends, is it any wonder why the health of the human family is failing with epidemics of heart disease, cancer, neurologic, and other degenerative diseases? Living in the industrialized world is a mixed blessing. While we have an abundance of food, much of it is toxic, rich, and nutrient poor. We have much free time and rather than

exercise, we engage in leisure activities, eat more and get fat, with sky-high insulin levels. We, however, are blessed with the ability to make the needed changes for not only longer life but life with health abounding. As the Vulcans said on “Star Trek,” “Live long and prosper,” and I add, “but with health!”

Other Secrets Your Doctor Doesn't Know About

Now that you know what might cause your health problems, let's look at a few simple cures you (and your doctor) probably didn't know about.

(7) A Simple Cure for Asthma

A year ago, I read a report that a medical doctor was curing asthma with an amazing success rate and with equally amazing simplicity. He found that an injection of a local anesthetic into a trigger point over each scapula (shoulder blade) significantly solved the problem for many patients.

It is well known that trigger points are connected to the autonomic nervous system. One branch, the parasympathetic, is responsible for maintaining constriction and when overactive, can tighten the bronchial passages so much that asthma results. The other branch, the sympathetic, relaxes the airways. This is the basis for the use of adrenaline and adrenaline-like sprays so often used in asthma.

Somehow, treatment of this particular trigger area modulates the effect of the autonomic nervous system.

Recently, I had the opportunity to try the technique on a 76-year-old man with severe asthma he had suffered with for years. When I first saw him, he couldn't climb the three flights of stairs to my office, nor easily walk down the hall of my office without shortness of breath. After one trigger-point injection and one treatment of photo-oxidation (reported many years ago to help treat asthma), he no longer needed his sprays and climbed the

stairs to my office without difficulty.

I've treated several other patients with the technique and am delighted to confirm the findings of Dr. Harry Philibert (504-837-2727), the discoverer of this technique. A call to his office can help get you directed to someone he has trained in the technique, or try calling the American Academy of Neural Therapy in Seattle, Washington (425-688-8818) for a referral to a doctor trained by Dietrich Klinghardt in the techniques of neural therapy.

(8) The Truth About Kava

There's been a lot of questions lately about the safety of the anti-anxiety herb, Kava kava. I've always thought it was safe, but when some people in Europe died after taking it, and others needed liver transplants, I was concerned enough to call the heads of various herb companies to check it out further. Especially since kava had been taken off the market in some European countries and Canada. They told me they thought it was safe, but were funding independent studies to be sure.

Dr. Donald Waller, a toxicologist and professor at the University of Illinois, investigated over 50 reports from the U.S. and Germany. All the German incidents showed an effect on the liver, as contrasted with only five cases in this country. Dr. Waller couldn't find any clear evidence that the reported liver damage was, indeed, caused by kava. So far, it appears the problems occurred in people using prescription drugs who also took kava. This said, each of us has a responsibility to check out all substances we take, including herbs, when we're on medications. There could be harmful interactions.

I suggest that if you're taking any prescription drugs that have been associated with liver damage (just read about them in the *Physician's Desk Reference*), if you drink a lot of alcohol (more than a glass a day), or if you have any pre-existing liver disease,

kava and other herbs could potentially cause some problems.

For the rest of us, kava appears to be safe. Don't overdo kava or any other "natural" supplements. One dropperful of kava tincture, or two capsules, taken once or twice a day for anxiety should be safe for just about everyone. For your peace of mind, know that the amount of kava in Healthy Resolve's Thermo-Nutrients Plus (800-728-2288) is minimal and very safe.

(9) The Only Way to Treat Type-2 Diabetes

For years, I've been warning patients and radio-show listeners about gross mismanagement of adult diabetes by conventional medicine, which has sought to normalize blood sugar by pharmacological and/or hormonal means. While the evidence has been available, only now is the medical establishment warning doctors about the sharply increased risk of heart attacks from insulin therapy or drugs that increase insulin. The increased risk is nearly twice what it would be without treatment!

In other words, treating Type-2 diabetes with insulin or sulfonylureas does, indeed, lower blood sugar, but also dramatically raises heart-attack risk. Like a teeter totter, lower one side and raise the other (very typical of drug-based medicine, unfortunately).

The ignorance of the medical profession never ceases to amaze me. Until now, the emphasis of treatment has been on controlling blood sugar as the number one goal. But insulin has long been known to stimulate thickening of the inner lining of blood vessels, as well as smooth muscles in the arteries. The lower the insulin levels the better. Type-2 diabetics typically have high circulating levels of insulin. Problem is, the insulin is less effective. Knowing the atherogenic potential of insulin, emphasis should have always been on *lowering* insulin levels and need, rather than adding more insulin or

increasing sensitivity. Use of the drug metformin is now encouraged, as it “sensitizes” tissues to available insulin rather than raise the insulin levels. However, these sensitizing drugs are not without risk.

Now researchers have identified a protein that’s responsible for insulin resistance, and it’s in the least likely of places — the fat cell. The hormone adiponectin appears to make the body more sensitive to insulin, so that less insulin is required to lower blood sugar. It appears to work by inducing the liver to secrete less glucose into the bloodstream. Two independent teams have reported recently on its discovery and found that its administration to diabetic mice reduced insulin resistance. Interestingly enough, even though the hormone is produced in fat cells, the hormone levels are inversely correlated with fat mass: more fat, less adiponectin. Researchers hope this will lead to new treatments for adult diabetes.

This new discovery explains only one mechanism of insulin resistance. While it’s good to know the mechanism we’re dealing with, it doesn’t change the treatment. Unfortunately, the push will be to manufacture the hormone and profit through sales of it as a drug. But the answer to this problem is not to treat it with further hormones, drugs, or chemicals, but treat the cause itself: carbohydrate intake. Insulin largely becomes a non-issue for 90 percent of Type-2 diabetics when carbohydrates are eliminated. Then both issues — high blood sugar and high insulin — are fixed at the same time. You will make more of this hormone yourself by lowering your fat burden, and the most efficient, proven, dependable, and only safe way is through restricting the amount of carbohydrates you consume.

When this is done, the body will not need to manufacture more insulin for glucose control, nor need exogenous sources or “sensitization.” All of the above deleterious effects and more will be eliminated when insulin largely disappears. And you’ll get the

added benefit of losing weight.

Action to take: Reduce your carbohydrates and eliminate all refined carbohydrates. If you already have Type-2 diabetes, the only rational treatment is to *eliminate* all carbs. I know this is difficult, but your life depends on it. I’ve seen this work in every case of Type-2 diabetes I’ve treated, and I know it can work for you.

Ref: *Nature Medicine*, August 2000; Associated Press, July 31, 2001.

(10) Don’t Take the Flu Shot

When flu season approaches, the “authorities” would have everyone lining up for a flu shot even though the vaccine is literally a crapshoot. Experts guess in advance which viral strain will be making its worldly rounds and if they guess wrong, there may be no protection at all from the vaccine.

Furthermore, you are never warned about the significant dangers of all the preservatives and/or heavy metals in the vaccine. Big drug company profits hinge on selling the patented pharmaceutical vaccines. But you don’t hear anything about all of the published data showing adverse reactions to the vaccine. Many people who get the shot become ill.

You’re also never told that the vaccine may not work at all if you have sub-optimal nutrition. If, due to your inadequate nutritional status, you do not mount an ideal antibody response to the vaccine, what is the point? Why risk the shot? This could explain why so many vaccinated people develop the disease anyway.

Are there legitimate ways to naturally boost your resistance to the influenza virus? Sure there are, but you’ll never hear about them, because no drug company stands to profit by letting you find out about them. But in the case of influenza, they may very well save your life!

Published in *FASEB Journal* in June 2001 is a landmark article on the impact of

the trace mineral selenium on the influenza virus. Researchers divided mice into two groups, one well fed and nourished with ample selenium and a control group made selenium deficient. They made a startling finding, which they said has implications for humans, as the same effect is likely to occur in us. Not only were the malnourished mice sicker than the controls, but the mild virus (influenza A Bangkok) to which they were exposed mutated to more virulent (dangerous) forms. And worse, this action may contribute to new outbreaks of not just flu but many viral diseases, from the common cold to AIDS and Ebola.

A key researcher reported that once the mutations have occurred, even nutritionally sound animals became susceptible to the newly mutant strain. While the study focused on influenza, which leads to over 100,000 hospitalizations each year in the U.S. alone, it also studied the mutation of Cocksakie B₃, linked to a heart disease called Keshan disease. Areas of China have soils very poor in selenium. Not only have those areas been at great risk for rapid premature aging and degenerative diseases due to this deficiency, but they were also at risk for heart infection. Supplements have largely eradicated the disease, according to the researchers.

The *Archives of Internal Medicine* (April 12, 1999) reported on the impact of trace elements on immunity and infections in elderly patients. Their objective was to determine the effects of supplementation with zinc and selenium (trace minerals) compared to a second experimental group supplemented with beta carotene, vitamin C, and vitamin E (all vitamins), and a third control group receiving only a placebo. The study found that after nutritional deficiencies were corrected (taking six months), the mineral supplemented group not only had fewer viral infections compared to BOTH other groups, but also had a higher antibody response to influenza vaccine when administered.

But influenza is not the only viral infection you have to worry about this time of year. The common cold is caused by a virus, too. And here, vitamin C plays a big role in reducing the severity of symptoms. Guess what?

It works for the flu, too. A number of studies involving subjects under heavy acute physical stress, show that vitamin C decreases common cold incidence by half. At least three controlled studies have shown an 80 percent reduction in the incidence of pneumonia among vitamin C users. In one large study of 700 students, vitamin C at an initial dose of 1,000 mg per hour for the first six hours followed by 3,000 mg each day thereafter, reduced cold and flu symptoms by 85 percent.

Folks, these reports reveal some explosive information. First, it appears that all of us are placed at risk due to the poor nutritional status of our neighbors and society at large. The poor nutritional status of individuals and populations appears to contribute to increasing virulence and spread of viruses, contributing to epidemics. Unfortunately, we do not hear public health and government authorities educating us about this monumental information. Large scale immune risks that can be corrected safely and inexpensively with non-patentable nutritional supplements do not seem to be newsworthy. Your government and medical community would rather push vaccinations on people, when the simple truth is their immune response may be inadequate due to improper nutrition.

Selenium is an absolutely mandatory participant in the most important glutathione pathway of metabolism, perhaps the body's greatest detoxifier, antioxidant, and booster of immune response. In fact, AIDS victims are found very deficient in glutathione and when levels are raised, their symptoms recede or can be prevented. It is found in meat, grains such as wheat and rice, but my favorite source of readily bioavailable selenium is nutritional yeast. I sprinkle an abundant amount of this very nutritionally rich food on

my salad every night. You can find it at most grocery stores.

Selenium is such a valuable mineral, I personally believe everyone should take a small supplement of it. Excellent studies have shown enormous protection and prevention of various cancers, including prostate cancer in men. While too much selenium can be toxic, I have never seen 200 mcg daily of selenomethionine cause any problems.

Zinc (up to 30 mg daily) is another required mineral for proper immune function. In fact, years ago, a University of California Davis study demonstrated that making rats deficient in zinc led to an immune deficiency in the offspring, which persisted for four generations even when the zinc was replenished in the offspring! Thus, not only do we likely place our friends at risk of promoting epidemics by maintaining poor nutritional status, we may very well be creating lifelong immune problems for our children, grandchildren, and great-grandchildren because we failed to take care of ourselves.

Instead of pushing mass vaccination on the population with its many unknown risks, it makes much more sense to educate and inform people of the many basic common sense steps they can take to actually improve immune function. The rationale for mass vaccination is herd immunity, that is, if enough people become immune through vaccination, the disease will have a much less chance of propagating. I wonder why immunity to most every infectious disease that could be attained through nutritional supplementation isn't promoted (hint: \$\$)?

Action to take: Whenever you can, shop organic to maximize the nutritional value of your meals. Eat a wide array of deeply colored fruits and vegetables everyday. Shoot for five to nine half-cup servings a day of various fruits and veggies. Cut out the added sugar in your diet, sugar weakens your resistance to viruses and bacteria.

Because the diet is never perfect, I take supplements every day. I suggest you take a

good multivitamin mineral that provides at least 500 mg of vitamin C and 50 to 75 mg of all of the B vitamins, 10,000 units of beta carotene, and 5,000 to 10,000 units of vitamin A. Be sure it provides 200 mcg selenium and 15-30 mg zinc. If your multi does not provide vitamin A, take a teaspoon of cod liver oil every day. Add an extra gram or two of vitamin C each day to help you avoid infection. If you do find yourself feeling a bit under the weather, rest, get plenty of fluids, and take an extra 3,000 mg of vitamin C the first day. Protect yourself now safely, effectively, and inexpensively with nutrition. You'll find all of these nutrients in Healthy Resolve's Max Plus (800-728-2288).

Ref: *Arch Intern Med*, April 12, 1999;159(7):748-54.

(11) When Using Herbs Can Be Downright Dangerous

A recent article in the *Journal of the American Medical Association* encourages doctors to find out about their patients' consumption of certain herbs when faced with surgery. These include: Echinacea, ephedra, garlic, ginkgo, ginseng, kava, St. John's wort, and valerian, which may pose a concern during the perioperative period.

Complications can arise from these herbs' direct effects and potentiation effects. Garlic, ginkgo, and ginseng can increase bleeding. Ephedra alters the cardiovascular system and could raise blood pressure. Ginseng can promote low blood sugar. Kava and valerian can augment the effects of sedative drugs. St. John's wort may increase the metabolism of many drugs used peri-operatively. This could lead to inadvertent improper dosing even if the recommended dosages are used by the treating physicians.

Action to take: I am a firm believer in sharing what you're taking with your treating physician. The orthodox medical community is rapidly becoming aware of the presence and benefits of complementary strategies,

however, herbs are in essence drugs. They are much safer than synthetic petrochemical pharmaceuticals, in my opinion, but must be treated with respect.

Ref: *Journal of the American Medical Association*, July 11, 2001.

(12) Tea Isn't for Everybody

Tea has amazing and diverse pharmacological activity, mainly due to catechins. Tea acts as an anticoagulant, artery protector, antibiotic, anti-ulcer agent, cavity-fighter, anti-diarrhea agent, anti-viral agent, diuretic (caffeine), analgesic (caffeine), and a mild sedative (decaffeinated).

In animals, tea and tea compounds are potent blockers of various cancers. Tea drinkers appear to have less atherosclerosis (damaged, clogged arteries) and fewer strokes. Excessive tea drinking (because of its caffeine) could aggravate anxiety, insomnia, and symptoms of PMS. Tea may also promote kidney stones because of its high oxalate content.

Green tea, popular in Asian countries, is highest in catechins, followed by oolong and ordinary black tea, common in the United States. Green tea is considered most potent. One human study, however, found no difference in benefits to arteries from green or black tea.

(13) Eggs Are Healthy

My patients and I have been eating eggs for years — with no adverse effects. And several recent studies prove that eating eggs does NOT increase cholesterol levels.

So where did the myth that eggs raise your cholesterol come from? From studies done over 50 years ago — by the Cereal Institute! Those early studies used dried egg yolk powder, not whole eggs. And dried egg yolk powder, a form of oxidized cholesterol, is murder on your arteries!

Forget all that nonsense about eggs being bad for you. Eggs are one of nature's perfect foods, loaded with vitamins, minerals, amino acids, and phospholipids. So next

time you get a hankering for a big, fluffy omelet ... indulge!

(14) Salt Can Be Good for You

If you have high blood pressure, your doctor probably has you scared half to death about eating salt. Well, here's some good news: For many people, salt is perfectly fine, provided it's the *right kind* of salt.

You see, it's not sodium intake per se that aggravates high blood pressure. Rather, it's an excess of sodium in relation to potassium.

In its natural form, straight from the sea, salt contains the proper balance of sodium and potassium. But that balance is destroyed when food companies refine the salt to make it whiter and easier to pour.

Here's the ultimate irony: During the refining process, salt companies strip the natural sea salt of potassium, magnesium, and a whole host of other trace minerals. Then they sell those minerals to vitamin companies, who sell it back to you in the form of nutritional supplements!

For the average person, the solution is simple: Buy natural sea salt. Not only will you be getting the proper sodium/potassium balance, but you'll be getting magnesium, calcium, and up to 79 other trace minerals.

(15) Coconut Oil Is Terrific for Your Health

Here's a perfect example of how poorly interpreted research can lead to the wrong information. For years, you've been hearing that coconut oil causes hardening of the arteries and heart disease.

Why? Because over 40 years ago, researchers found that feeding coconut oil to animals caused their cholesterol levels to rise. There's just one problem with the research: The animals in the study weren't fed natural coconut oil — they were fed hydrogenated coconut oil.

Hydrogenation is a process food manu-

facturers use to extend the shelf life of processed foods. Today, we know that hydrogenated fats are bad for you. That's because the hydrogenation process creates trans fats — disfigured fat molecules that wreak havoc on your body's cells. And it doesn't matter whether it's coconut oil, olive oil, canola oil, or any other oil — if it's hydrogenated, it's bad for you.

So what about regular non-hydrogenated coconut oil? If you look at Pacific Islanders and other people who consume large amounts of coconut oil, you'll find they have low cholesterol levels and a low incidence of heart disease.

What's more, research had shown that coconut oil has a number of health-enhancing effects. It acts as an antihistamine, an anti-diabetic, an anti-infective, and even as an anti-cancer agent! One reason: Coconut oil contains lauric acid, a powerful antiviral substance that's also found in breast milk.

Coconut oil is a little hard to find, but I recommend that you look for it at your health food store and add it to your diet. You can also purchase Thin Oil from Sound Nutrition (1-800-THIN OIL, \$12/bottle). It's very versatile: You can cook with it, use it in your salad dressing, or add it to your favorite recipe. Try it, you'll like it!

(16) Your Fatigue Could Be an Iodine Deficiency

If you suffer from fatigue, you may have an iodine deficiency. You see, a lack of iodine can impair your thyroid function. And a sluggish thyroid can leave you feeling tired and weak.

Luckily, there's an excellent test you can do at home to check your iodine levels. Simply take a Q-tip, dip it into a two-percent tincture of iodine (available at any drugstore or supermarket), and paint a 2" square on your thigh or belly. This will leave a yellowish stain that should disappear in about 24 hours if your iodine levels are normal.

If the stain disappears in under 24 hours, it means your body is deficient in iodine and has thirstily sucked it up. If that's the case, keep applying the iodine every day at different sites, until the stain lasts a full 24 hours.

Not only will you have diagnosed your iodine deficiency, but you will have treated that deficiency and improved your thyroid function.

(17) Food Allergies May Be Keeping You Sick

If you're tired and have dark circles under your eyes, you may think it's due to a lack of sleep. But in actuality, the most common cause is food allergies and sensitivities!

Many people have food allergies and don't even realize it. And many more have food sensitivities that are not detectable by standard blood tests. These sensitivities can cause reactions such as fatigue ... weakness ... joint pain ... and more.

How can you tell if you have food sensitivities? Most doctors will tell you that the only way to find out is through a lengthy trial-and-error process where you eliminate different foods, one at a time, and then observe the results.

But there's a much easier way — one that takes just minutes and can be done in your own home. You don't need any special skills or equipment to conduct this test, but you will need a friend or loved one to help you do it.

Here's what you do:

First, round up the various foods you'd like to test and place them within reach on a table or counter. Make sure you include common allergy-producing foods like corn, peanuts, wheat, soy, and dairy products. Also include any foods that you find yourself having cravings for, since cravings are often a sign that you're allergic or sensitive to that food.

To begin the test, hold your arm straight out and have your friend push down

on it lightly for a couple of seconds while you resist.

Now take one of the foods in your other hand, and have your friend push down on the outstretched arm again, using the same amount of pressure. If the food is OK, you'll be able to resist just as well as before. But *if the food is one that's not good for you, your arm will weaken* — and your friend will be able to push it down easily.

By the way, if you're skeptical that this works, here's how you can prove it to yourself. Try the test with a piece of broccoli and notice how your outstretched arm continues to be strong. Then try the test again with a donut or Twinkie, and watch how your arm strength virtually disappears!

I do this test all the time on my patients and I love watching the looks of disbelief on their faces as I push their arms down with no effort at all. Try it yourself; you'll be absolutely amazed!

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Robert J. Rowen, MD

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30 Days to a Slimmer, Trimmer You

Atkins, Pritikin, the "Zone Diet," the "Blood-type Diet," it's all enough to make you crazy, yes? It made me a bit crazy too. I've been the ideal weight for my height (5-10/155) ever since high school and rather healthy at that. So I thought if all my patients ate like me, they also would be healthy and fit.

Problem is, when I taught patients to eat my diet, many came back saying, "Dr. Rowen, I'm doing everything you recommended to the letter, but not only can I not lose weight, I don't feel good (low energy) either."

I was perplexed.

Then I read about Robert Atkins' high-protein/low-carbohydrate diet. Yes, it did indeed work for some, but for others as well as myself, I knew it would be a disaster. For years, I thrived on a diet of vegetables and complex carbohydrates with eggs and occasional fish for protein. Why did this not work for everybody? After all, we're all human.

In the 1980s, I became aware of the work of Dr. William Donald Kelley who was helping patients recover from various illnesses through diet! He worked on the principle that meat and protein caused the body to acidify and fruits and vegetables made the body more alkaline. By altering diet for the patient's metabolism, he could bring their pH into proper balance and very often the patients recovered (other efforts were also employed in the case of cancer). However, it did not work all the time.

Several years ago, I heard a lecture from another researcher, Rudolph Wiley, PhD, author of the book *Biobalance*. Wiley taught that meat and protein were alkalizing and fruit and vegetables in general were acidifying. This flew in the face of everything I had been taught regarding the effects of food on pH, and directly contradicted Kelley's work.

Then, two years ago, I was given a rare book that's now out of print called *Nutrition and Your Mind* by Dr. George Watson. He found (two

decades before Wiley) the same findings Wiley published (that meat is alkalizing). Watson showed how subtle shifts in pH through diet and supplements would normalize pH in mentally ill individuals and when corrected, the patient's mental disorder either completely cleared or improved.

All three men had done impeccable research, but all their theories couldn't be right? Or could they?

Today, we have several competing and conflicting diets, which must work for some or they never would have gotten off the ground. Yet none of them works for everyone. How does one make sense from all this?

In his book, *The Metabolic Typing Diet*, William Wolcott, a protégé of Kelley, explains his dominance theory of individual metabolism. There are two competing determinants of metabolism in the body: the autonomic (unconscious) nervous system (ANS) and the oxidative system. Foods and nutrients have opposing effects on body pH in each. For example, everyone knows that potassium and magnesium are alkalizing — or are they?

The ANS has two parts, sympathetic and parasympathetic. The latter controls digestion, tends to unwind the system, and promotes alkalization of the body when it's active. The sympathetic branch winds us up, gets adrenaline pumping, and tends to acidify the body when active.

Potassium and magnesium are required to activate the parasympathetic side, promoting alkalization of the body. But here's where the science gets tricky. In the biochemical cycles of energy production, the oxidative system, these two minerals tend to speed up reactions, which lead to acid production in the body. Therefore, the two systems tend to balance each other out with regards to pH. Wolcott teaches that, "*The net effect of pH depends on which system is dominant in the given individual!*"

All of a sudden it made sense to me how and why one diet that worked so well for one per-

son would fail miserably in another, and why my vegetarian-style diet made me feel great and made others feel horrible. We are all different, and the same food may have an opposite effect on two different people. And a seminar by Hal Kristal, DDS, or California, confirmed what I had discovered.

When I lived in Alaska (almost 20 years), I watched the Alaskan natives, so robust and healthy just two generations ago, slowly become heavy and riddled with diabetes and chronic diseases of "civilization." When I first moved there, they were predominately meat eaters, living off the land. Now meat is supposed to be bad, isn't it? But for them, they thrived with scant degenerative disease. Now they are eating out of local stores all the carbohydrate-laden foods for which their systems were never designed. And their metabolic type, set genetically for generations, can't handle it. But for others, me included, such a heavy meat-and-fat diet could spell ruin.

With today's epidemic of obesity, knowing your metabolic type is of paramount importance. For example, if you are one with a parasympathetic dominance and you are already alkaline, eating foods that further stimulate the parasympathetic system (vegetarian based) will only push you into further imbalance. If, on the other hand, you are oxidative dominant and a "slow" oxidizer, your alkalinity will be balanced by a vegetarian-based diet. It will provide the vitamin and minerals you need to speed up oxidation and generate more acids to balance you out.

Herein lies the secret of why one diet works for some but not others, and why a holistic doctor like myself can recommend a heavy meat/fat diet for some of my patients, in contrast to the vegetable/grain diet that's supposed to be "good for everyone." What makes one more alkaline might make another more acidic.

But why does this work? Two reasons: First, for some, their metabolism is heavily weighted toward certain fuels for energy. Genetics play a significant role. If the needed fuels are present, combustion within the cell furnaces proceeds optimally. If the wrong fuels are present, substances pile up and throw the cells off balance. Consider an auto assembly line where four wheels are needed but eight show up for each car. Eventually the whole factory backs up. With many generations of a given people living in one place, they develop metabolisms that matched their food supply.

Second, the hormone insulin, which controls

blood sugar, has to be considered. Some genetic types were granted a thrifty gene that stores fuel to spare the body in times of famine. This gene is great when food is scarce, but when food is plentiful it causes the body to become loaded down with stored fat. The gene works through the overproduction of insulin, which quickly clears blood sugar (from carbo-hydrates) converting the glucose to triglycerides and fats for storage. As long as insulin is around, carbs are headed into the fat-storage depot. And the only significant stimulus for insulin is ingestion of carbo-hydrates, with refined carbs and sugars being the worst of the insulin stimulators. (The body has an abhorrence for high blood sugar since it causes damage to blood vessels.) For these people, there are only two alternatives to get rid of the fat-storing insulin: cutting down or completely eliminating the carbohydrate stimulus, or burning the carbs through exercise.

How do you know what type you are? There are four basic types. Sympathetic dominant or parasympathetic dominant or oxidative fast or oxidative slow. The good news is that there are only two basic diets, the degree of adherence to which is determined by the degree of dominance of one of the above. Oxidative fast and parasympathetic dominants need a group II diet, or one heavily weighted toward heavy protein and fat as a preferred fuel source. Sympathetic dominants (myself) and oxidative slows need a group I diet which is more heavily weighted toward light, non-fatty proteins, abundance of vegetables and a greater tolerance for carbohydrates, although neither group should ever be eating refined carbs. Some people are blessed to be balanced and have much greater dietary freedom.

A quick way to tell for many people is a simple look at a fasting blood test at the value or triglycerides (fats). While the "reference range" may go from 0-160, I believe that any value over 80 suggests excess insulin activity converting excess carbs in that individual to fats with higher levels ever more strongly pointing to the same. These people would most likely do well on a group II or low-carbohydrate diet.

For those with triglycerides lower than 80, a metabolic-typing test developed and taught by Dr. Kristal, which involves some simple pH and blood glucose testing in response to a glucose challenge can identify your type. The metabolic-type testing is unnecessary if your triglycerides or fasting glucose are high since you already know that your

body will do much better carbohydrate free. (These are the people with the “thrifty gene.”)

For those without the gene or these lab markers, the metabolic-typing test can easily identify one’s metabolic type for about another 60 percent of the population. This takes a lot of the guesswork out of dieting. Further, the testing can, long in advance, identify those headed toward the epidemic and dreaded adult-onset diabetes (type 2). The paradox of the thrifty gene is that in times of scarcity, those blessed will survive much easier than will I, who must eat every day since my body does not store energy very easily. Yet in times of plenty, they are cursed if they do not recognize their gift and sharply reduce their intake of carbs because they will store fat everywhere including their blood vessels. Their bodies prefer fat for optimal and efficient energy production.

If your lab does not disclose high triglycerides, you might be interested in getting tested. Dr. Kristal has trained many in his technique and a call to his office might help you locate a professional near you. There is also a home testing kit (not nearly as reliable as the in-office testing, but very valuable nevertheless since it does provide very accurate blood glucose results you will have in response to a sugar drink). It’s also a little pricey at \$150, but well worth the cost. I strongly suggest you look at Dr. Kristal’s Web site (www.blood-ph.com). Wolcott has developed his own method for determining metabolic type, and this information is available in his book. You can also find out more about Dr. Wolcott by checking out his Web site (www.healthexcel.com) or calling his office (650-325-1840).

To give you an example of how this works, Michelle, a 40-year-old female with cancer, tested herself on a home kit. Her blood glucose started low, peaked quickly and crashed, suggesting she was a fast oxidizer. I put her on a group-II diet (little carbs and heavy in meat, which is highly unusual for a cancer patient). Follow-up testing showed a significant correction of the blood-sugar curve and she felt much better.

Another one of my patients, Jim, a 62-year-old male, had battled his bulging waistline for years. “I’ve tried everything,” he told me. Yet when he came to see me, his triglycerides and cholesterol were high, indicating excess insulin and a need for drastic carb reduction. He fought me on my recommendation, but surrendered and within two weeks, was proud to announce an 11-

pound weight loss to 200 lbs. (he was only 5’ 7”). His triglycerides and cholesterol likewise fell to the desirable range.

And then there’s me, the envy of many since I keep the perfect weight for my height so easily. I have always been drawn to a diet rich in veggies and felt sluggish after eating heavy protein. My triglycerides run about 30 and cholesterol is a low 155. Testing in Dr. Kristal’s office showed I’m markedly sympathetic dominant, hence my physical preference for the group-I diet and my ability to easily burn off carb calories. My body needs the minerals potassium and magnesium found in veggies to stimulate the parasympathetic side of my ANS to bring balance. Meat and fats will stress my parasympathetic side, which is already weak. This is the opposite of the thrifty gene, and those like me will do poorly in times of famine, but handle times of plenty much better.

We are living in a time of plenty. Unfortunately, for those who have thrifty bodies, the unbroken chain of storage leads to pathologic obesity and eventually to diabetes. The high levels of insulin in these individuals causes an undesirable medical condition now termed Syndrome X, excess insulin. High insulin is one of the greatest risk factors for the development of circulation disease. It causes elevated blood pressure, deposition of fat all over the body, fluid retention, headaches, fatigue, abnormal cholesterol levels, and may directly age our DNA (genetic material). It’s likely one of the greatest aging factors. That explains why in countless lab tests, the most reliable way to extend life in laboratory animals is simple calorie restriction. Low insulin slows the aging of DNA and maximizes lifespan. By burning fuel rather than calling on insulin to store it, exercise accomplishes the same as calorie and carb restriction, provided you do not compensate by ingesting more carbs.

One of the biggest problems I find is people are eating out more than ever before and the portion sizes are huge. The low-fat products you buy at a restaurant (or in the grocery store) may be low in fat, but they are not low-calorie. For instance, I recently saw that a regular 50-calorie fig cookie may have more fat, but its fat-free counterpart has 70 calories — which is what puts the weight on.

In order to lose the weight, you’ve got to eat a type that’s right for your metabolic type (not your blood type) and avoid the carbohydrates and calories (which means sugar and other foods high on the glycemic index).

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Do Supplements Work?

I get this question all the time and the answer is “sometimes.”

If you’re looking for a supplemental “magic pill,” then I’m afraid your chances are extremely slim.

If, on the other hand, you’re looking for a supplement that can simply help with the natural process that’s already taking place (which means you’ve already cut back on carbohydrates and calories), then supplements can be remarkably effective.

Supplements will never make up for your gluttony. It takes a certain lifestyle to gain weight, and it takes a completely different lifestyle to lose weight. But the following nutrients will help with the latter.

Green tea: The proof of green tea’s ability to encourage weight loss came in an article published in the *American Journal of Clinical Nutrition*. Green tea extract contains a high amount of catechin polyphenols, which may work with other chemicals to increase levels of fat oxidation and thermogenesis (where the body burns fuel, such as fat, to create heat). This increase in energy expenditure is probably the mechanism causing weight loss. Green tea is a safe alternative to traditional pharmaceuticals because, reported Dr. Abdul Dulloo, of the University of Geneva in Switzerland, “green tea is not accompanied by an increase in heart rate.”

Chromium is extremely important in the regulation of diabetes. It is a component in the so-called “glucose tolerance factor,” which is not entirely understood, but known to be essential for regulation of blood sugar. In fact, chromium levels are often low in people who crave sugar. Taking 200 micrograms of chromium will improve your body’s blood-sugar control. Many people use brewer’s yeast, the by-product of beer production, in a lot of illnesses, including diabetes. Brewer’s yeast is one of the best sources of chromium. The best function of chromium is its ability to help your body use carbohydrates rather than store them in fat tissues.

Caffeine: I am cautious about indiscriminate caffeine usage, but on the other hand there has also been an unfair outcry against it in recent years. There are people who are sensitive to it and others who do not need it. If this describes you, caffeine definitely should be avoided. But for those who suffer from weight problems, caffeine may be an excellent substance to aid you in weight loss. If you take some an hour before you exercise, it will help increase your metabolism and reduce hunger. This is important because while exercise increases your metabolism, it also increases your appetite. And caffeine will slow down your appetite after exercise. The best form of caffeine comes from caffeine extract or green tea, which I’ve already discussed, but getting it in coffee is fine too. If you avoid caffeine because it makes you anxious, consider taking an anti-anxiety herb like kava kava along with it. Many weight-loss supplements on the market contain caffeine because it’s so effective.

Cayenne: While cayenne isn’t the best fat metabolizer in the group, it does help oxidize fat and decrease your appetite. The best attribute of cayenne is its ability to increase thermogenesis (heat generation in the body). If you’ve ever eaten a chili pepper, you know from first-hand experience the heat these herbs can produce. And, by increasing thermogenesis, cayenne also increases your metabolism.

L-Carnitine: Studies have shown that carnitine is essential for a healthy heart, and it plays an essential role in fat metabolism. It helps the body convert fat into energy while sparing the use of glucose and protein for energy production. That means it pro-motes fat burning for energy and leaves the protein for muscle building. It also allows an increased supply of glucose to travel to the brain, which reduces your appetite. It also assists in the transport of long-chain fatty acids,

which are burned for fuel.

L-Tyrosine: This is a little-known amino acid that is a building block for hormones which enhance fat metabolism, increase the body's metabolism, and decrease appetite. It also supports thyroid function, along with iodine, which is important for maintaining a healthy metabolism.

One final note: One of the most commonly used herbs in weight-loss formulas is ephedra, also known as ma huang. I mention it here only to tell you to stay away from it! It can cause serious side effects, including hypertension, tightness in the chest, and even death.

In addition to a good diet, consider using a supplement that contains these nutrients. You can find them in most health food stores and in some grocery stores. If you can't find one, Healthy Resolve's *Thermo-Nutrients Plus* is a product I'm very comfortable with, as its formulation is as safe and effective as any I've seen. You can order it by calling 800-728-2288. And remember, stay away from pharmaceuticals and anything containing ephedra.

Ref: Associated Press, June 7, 1998; *American Journal of Clinical Nutrition*, 1999;70:1040-1045; *New Scientist*, March 6, 1993.

"New" Fat Reduces Abdominal Fat, Protects Against Major Disease

Would you be excited about a fat that's been repeatedly shown to reduce fat in the body, protect against cancer, offer protection against vascular disease, and possibly protect against osteoporosis?

I certainly am!

This remarkable fat, conjugated linoleic acid (CLA), has been described in medical news reports for quite some time now. At first, I found it difficult to believe a single fatty acid could possibly provide all these benefits. But now, I'm convinced!

CLA is a close cousin of the well-known, essential fatty acid, linoleic acid. There are some significant differences, though. The body needs a higher level of omega-3 fatty acids compared to the level of omega-6 fatty acids. The higher the ratio, the lower the risk of cancer and other degenerative diseases. Linoleic acid is an omega-6 fatty acid, so excessive amounts of it will cause fat formation, tumors, and cholesterol oxidation (which causes atherosclerosis).

While CLA is structurally similar to linoleic acid, it doesn't affect the body the same way. In fact, it seems to have the exact opposite effect, even

when high levels of linoleic acid are in the body. Why? CLA decreases the level of omega-6 fatty acids and increases the concentrations of omega-3 fatty acids in various tissues, including bone. And the benefits are astounding. See for yourself:

Striking research over the past decade shows the dramatic impact CLA has on fat metabolism and it's nothing short of amazing. In study after study, supplementing the diet of lab mice with CLA reduces their body fat. But that's just the beginning. Guys, I know that beer belly was a prized possession in your younger years, but now it's nothing but trouble. CLA can help, as it's especially effective in reducing the notoriously dangerous abdominal fat!

In one of the studies, CLA was found to reduce abdominal fat without negative effects on other cardiovascular risk factors, including cholesterol, triglycerides, HDL, glucose, and insulin. Another article, which appeared in *Diabetes magazine*, showed CLA actually improves insulin activity in animals, creating better glucose tolerance and improved insulin action. The improvement in insulin activity may explain many of CLA's positive effects.

Most of you know I consider insulin to be the primary culprit for fat accumulation, vascular disease, and degenerative disease. Abdominal fat accumulation is closely related to high insulin levels and is strongly associated with cardiovascular disease. So even though metabolic parameters (cholesterol, etc.) are not changed, simply reducing the need for insulin significantly reduces the development of atherosclerosis and fat deposition.

Just how protective is CLA against heart disease? One study on rabbits fed a highly atherogenic diet showed incredibly low-level supplementation of CLA (0.1 percent of their daily calorie intake) inhibited the development of atherosclerosis. When the rate of supplementation was raised to one percent, there was a *substantial reduction of already formed atherosclerotic lesions*.

Another area in which CLA is making waves is with osteoporosis. As I said earlier, omega-6 fatty acids are essential to your health, but in this case you can definitely get too much of a good thing. A series of recent studies show linoleic acid promotes the secretion of inflammatory cytokines, which promote bone loss, especially in postmenopausal females when hormone production is reduced. The studies show supplementation with omega-3 oils not only reduces bone loss sharply, but in many cases reverses it. And it looks like CLA may have

the same effect as the more expensive omega-3 oils.

While CLA's effect on heart disease and osteoporosis is impressive, the evidence for cancer protection is even more dramatic:

- Several studies have shown a diet with one percent calories from CLA reduces tumor formation in animals.
- In animals with implanted human cancer cells, the tumor growth and metastases were significantly stunted with CLA supplementation.
- Local tumor growth was inhibited significantly after implantation of human breast cancer into mice. Moreover, CLA completely prevented the spread of the cancer to the lungs, peripheral blood, and bone.
- As little as 0.1 percent CLA inhibits the development of rat mammary tumors, regardless of the amount and type of other fat in the diet. This means CLA is protective even when the individual is still consuming other tumor-enhancing fats.
- One remarkable study showed that a diet of one percent CLA fed to rats around the time of weaning resulted in a significantly reduced (by 20 percent) density of mammary glandular tissue. Higher glandular density is a very important risk factor for mammary cancer. This could mean that higher levels of CLA fed to young girls might provide a degree of permanent protection from breast cancer in the future.
- CLA also has been shown to inhibit animal epidermal (skin) cancer and intestinal cancer, while inhibiting human melanoma and colorectal cancer-cell growth in the laboratory.

Obviously, CLA has remarkable promise as a cancer preventive. But what I find particularly interesting is that while the vast majority of anti-carcinogenic substances comes from plants, CLA is abundantly available from animal sources, including beef. But there's a catch. Don't depend on your burger to deliver the goods!

Studies done in Wisconsin (the dairy state) by Larry Satter at the U.S. Dairy Forage Center now demonstrate that grain- and silage-fed cattle have 80 percent less CLA in their milk and meat as compared to purely grass-fed animals!

Most cattle are raised for profit, not nutritional value. Consequently, they are fed grains to fatten them. In grain-fed beef, as compared to grass-fed beef, we find a very high ratio of omega-6 fatty acids to omega-3 and a stunning reduction of CLA. Another issue is the accumulation of xenoestrogens (chemicals with potent estrogen effects) in the

food chain, partly due to the use of bovine growth hormone and partly due to the rise in omega-6 fat intake. I'm now wondering if a significant cause of the exploding epidemic of breast and prostate cancer in recent years could be explained by the simultaneous drop of grass-fed cattle in the food chain during these same years. These cancers are not nearly as common in the Third World, where live-stock graze on the land as God intended.

This is exciting information. It means we can all immediately take steps to decrease obesity as well as the risk of cancer, atherosclerosis, and other inflammatory degenerative diseases. And we do not have to give up meat to do it! Just be sure to eat meat or drink milk from natural grass-fed sources. Is it possible? Indeed it is. Grass-fed beef is commercially available from many sources and there's plenty of CLA in average servings to meet these dietary requirements.

Natural food stores may carry not only grass-fed beef (it will be labeled) but also organic beef. Remember organic does not necessarily mean grass fed. A cow can be fed organic grain and no grass. Many commercial supermarkets now carry grass-fed beef. If you are Internet savvy, simply search for grass-fed beef. You'll be amazed at the number of responses you get.

I don't know of any reliable sources for grass-fed derived milk, but perhaps your health food store will. If you find any, please let me know. Remember, today's dairy products have only about one-third of the CLA content as they had 40 years ago. But consumer demand may encourage dairy farmers to go back to "grass roots" and make grass-fed dairy products available. So ask for grass-fed milk, butter, and cheese at your market each time you shop.

If you don't eat meat or you can't get grass-fed beef (remember, CLA counteracts the detrimental effects of grain-fed beef), you can get CLA at your health food store. It's also available from several nutritional companies. I'm currently using the CLA from Life Extension (800-544-4440), which provides 70 percent CLA in 1,000 mg capsules. Three capsules per day are all that's needed to provide the kind of benefit reported in these studies. I believe this is one supplement you should consider taking every day. Not only does CLA act favorably on its own accord, but it also provides direct protection from the very specific fat imbalances rampant in the American diet.

Ref: *Diabetes*, May 2001; *J. Am Coll Nutr*, August 2000; *Journal of Nutrition*, December 2000.

How to Make Your Supplements and Remedies Work up to 5 Times Better

If you're like most health-conscious Americans over 40, you're probably taking one or more nutritional supplements. And if you're like many, you may be a tad disappointed at the results you're getting.

If that describes you, then you'll love this report. It reveals the "missing link" that prevents most people from getting the results they should. Listed below are three simple things you can do to make any herbal remedy or nutritional supplement work up to 500 percent better!

These simple steps can make a dramatic difference in your health and well-being.

(1) All Vitamins Are Not Created Equal

— The biggest reason supplements don't work is they simply aren't absorbed into your bloodstream very effectively. This can be caused by two problems. First, poor quality supplements don't break down effectively and, even when they do, they often break down in the wrong place. For instance, many take so long to break down, they're in your intestine before anything happens. This prevents them from getting properly absorbed. Second, poor digestion could prevent even the best supplement from getting assimilated into your body. (I'll deal with this in a moment).

Some vitamins have a higher potency than others, some have better ratios of particular nutrients, some are better absorbed. You usually get what you pay for, so the least expensive supplements are often not the best.

First, they tend to be lower in potency. Frequently, their formulas are based on older research and are not the balance that current scientific research suggests your body needs. Most important, they are not particularly well absorbed. This means that the amount of a nutrient on the label is much less than the amount that gets into your cells. In other words, you're not getting the amount you think you are.

No supplements are 100 percent absorbed, but the cheaper ones tend to be much less

absorbable than more expensive ones. If you don't buy supplements that break down and get used by your body, you're wasting your money and fooling yourself about how much your body is actually getting.

The form of vitamin or mineral you take is even more important than how much you take. The higher the quality, the more it gets absorbed. Each vitamin and mineral has specific forms that are better absorbed than others. Here are a few of them.

Calcium, magnesium, and many other minerals are best absorbed when they are bound to citrate, aspartate, picolinate, or amino acid chelate. Minerals need an acidic base to break down and get used. If your stomach does not produce enough stomach acid (hydrochloric acid) to help the absorption of these nutrients, the form the minerals take will give you the acidity you need to utilize them.

Opponents of natural foods and natural supplements have argued that synthetic vitamin E is just as well absorbed as natural vitamin E. Scientific studies show that natural E is much better absorbed than the synthetic. How can you tell the difference? Simple. Your vitamin supplement will either say d-alpha-tocopherol or dl-alpha-tocopherol. You can remember which is natural and which is synthetic by thinking, the extra "l" is for limited absorption. DL-alpha forms of vitamin E are synthetic.

Most B vitamins will break down in your body, but some forms don't need to go through your liver to be utilized. If you have hepatitis, are a recovering alcoholic, or suspect a clinical or sub-clinical liver problem, you may want your supplement to contain an easy-to-absorb form of the B vitamins.

Vitamin B₆ is called pyridoxine. It is metabolized through the liver. Pyridoxyl-5-phosphate, or P-5-P, is a co-enzyme form of vitamin B₆. That is, it turns into B₆ in your body, and does so with-

out going through your liver. So it's easy to absorb and well tolerated. Co-enzyme B vitamins are best absorbed. If you think you want co-enzyme Bs, look for Pyridoxyl-5-phosphate on the label as an indicator of the form of the B vitamins it contains.

Are capsules or tablets best? It depends on the quality of the supplement. Cheaper tablets may not disintegrate properly, while good quality ones do. Because some nutrients are best utilized in the stomach and some in the small intestines, the better brands are formulated so that the ones that need to be released first, in the stomach, are. Capsules are released in the stomach. Bottom line? Don't shop by price; buy a good quality supplement.

(2) Solving Poor Digestion — The first thing you need to know about solving poor digestion is to see if you have the problem to begin with. How can you tell if this is your problem? The answer is simple: If you get gas, bloating, heartburn, or indigestion, you probably have a digestive problem. The solution is easy. Just take probiotics and other digestive enzymes.

You've probably heard of *Lactobacillus acidophilus*, and possibly *bifidobacteria bifidus*, as well. They are two of the most common types of probiotics, and the most studied. *Acidophilus* concentrates on the small intestines while *bifidus* lives in the large intestines, or colon. Both of them produce enzymes that help digest foods. These enzymes also help ferment fiber found in beans and other carbohydrates into fatty acids. One of these fatty acids is called butyric acid. It's used in your colon as a fuel. Interestingly, butyric acid is low in many people with digestive diseases like colitis, colon cancer, and irritable bowel disease.

Acidophilus and *bifidus* both acidify your intestines. Since minerals need acid in order to be absorbed in the small intestines, adding *acidophilus* to your diet can help you absorb more of the minerals in your foods. *Bifidus* creates an environment in your large intestines that kills pathogenic bacteria like *staphylococcus* and *E. coli*. Many people who get food poisoning from foods that contain harmful bacteria have low levels of probiotics. This is why food poisoning tends to affect children and older people the most. These populations, due to a high-sugar diet or years of poor eating, often have insufficient friendly bacteria to handle pathogens.

Bifidus also manufactures many of the B-complex vitamins. Since vitamin B₁₂ is

absorbed in the large intestines, taking *bifidus* supplements could increase your B₁₂ levels if you are a vegetarian, or if you have a B₁₂ deficiency anemia.

There are two ways of increasing probiotics. The first is to eat more foods that either contain them (like sauerkraut, yogurt, tofu, miso, and tempeh) or feed them. By the way, although yogurt contains *acidophilus*, it's usually a very small amount. Don't depend on yogurt to solve your low-probiotic problem. It's just a good addition to your diet for additional support. A substance in fruit sugar (fructose) and grains called fructooligosaccharides feeds friendly bacteria. Eat one or two servings of fruit every day to feed your friendly bacteria.

The second way to increase probiotics is to take them in supplement form. If you decide to take supplements, be aware that many of the products on the market are low in potency. I suggest you buy probiotics cultured from "super strains," and only purchase those products that are refrigerated and have an expiration date. I've found only two companies whose products consistently contain high levels of probiotics: Culturelle and Natren. Natren's Healthy Trinity tops the list. But it's expensive, so you may want to begin by using a bottle of Natren's *acidophilus* and then follow it with a bottle of *bifidus* — unless you have reason to believe your condition warrants the highest levels available.

How long should you take probiotics? It all depends on the health of your intestines and on your diet, and how quickly you feel a difference in your ability to digest your foods. But health care practitioners frequently suggest a three-month course of any supplement. After three months, see if you notice a decline in your digestion when you discontinue taking probiotics. They are safe to take for any length of time.

(3) Toxins and Pollutants — Finally, putting good stuff into your body isn't always enough. You also have to take the bad stuff out! If you're loading up on supplements, but haven't taken all the toxins out of your system, the supplements simply aren't going to be as effective.

The Centers for Disease Control and Prevention (CDC) recently (2001) released research showing the population at large is much more exposed to and contaminated with chemicals than previously thought.

Today, at least 30,000 chemicals never

before seen on the planet are mass-produced and released into the environment. We are digging up the earth and releasing literally tons of naturally occurring heavy metals that Mother Nature had safely tucked away in her innards. These, too, are making their way into the food chain. We are adding a multitude of chemicals deliberately into our foods, calling them preservatives, and creating hordes of artificial substances with propaganda that it is good for us (like margarine). I catalog a list of agents I consider toxic for the human system (not to mention all biologic systems) in my "17 Healing Secrets" report.

Action to Take

In order to detoxify your body, follow these easy steps:

(1) Change your diet to eat only the things God intended you to eat. Don't eat meat from animals fed an unnatural diet. Don't eat fruits, veg-

etables, or grains that are sprayed with pesticides. Avoid margarine and other fake foods, including most vegetable oils and foods that contain preservatives. And drink water that is free of aluminum, fluoride, and chlorine.

(2) Have chelation therapy performed on a regular basis, preferably every six months.

(3) Stop smoking.

(4) Work with a complementary doctor to wean yourself off of dangerous prescription drugs.

(5) Have your mercury fillings removed by a biologic dentist.

(6) Try a juice fast for a day every few months.

Following some of these simple steps could mean the difference between success and failure with supplements. And not only that, it could help improve the power of your supplements by five times or better.

How to Protect Yourself From Viruses, Bacteria, and Bio-Terrorism

The Single Best Weapon Against Anthrax Infection?

One of the biggest health concerns among Americans today is the new war on terrorism and the threat of a biological war on our soil. Obviously, the situation with the anthrax infections has everybody's attention. The concerns are very real, as I've been getting a number of calls on my weekly radio show about anthrax and the threat of bio-terrorism.

I readily admit that since the Gulf War, I've been thinking of the medical implications and actually preparing my clinic for a biological attack response. My fears now seem justified, and due to the volume of calls to my radio show, I feel it prudent to share my thoughts with you.

There are two classes of bio-terrorism: One is chemical attack and the other is germ warfare. Medically, I'm less concerned with chemicals since the damaging effects would likely be immediate and difficult to personally defend against. Germ warfare, on the other hand, is essentially a medical priority and one that conventional medicine is prepared for in some cases, but inadequately prepared for in many cases.

It's well known that anthrax has been produced in several countries, including Russia and Iraq. From the Army's own institute on the subject at Fort Detrick, Maryland comes this sobering quote:

"Anthrax, in the minds of most military and counter-terrorism planners, represents the single greatest biological warfare threat. A World Health Organization report estimated that three days after the release of 50 kg of anthrax spores along a two-kilometer line upwind of a city of 500,000 population, 125,000 infections would occur, producing 95,000 deaths. This number represents far more deaths than predicted in any other scenario of agent release. Moreover, it has been estimated that an aerial spray of anthrax along a 100-km line under ideal meteorological conditions could produce 50 percent lethality rates as far as 160 km downwind."

Anthrax is produced by a bacteria found in

soil and typically is a disease of grass-eating animals. It survives as spores (analogous to seeds) for years in the soil until it finds a host where the spores can grow to the mature bacteria, which release deadly toxins.

Cutaneous anthrax is contracted through the skin and is usually a self-limited disease and easily treated. Inhalation anthrax, though, occurs when the spores are inhaled deep into the lungs. Immune cells carry the spores to regional lymph nodes in the chest where they grow and mature into the adult bacterium. During this time, there may be non-specific, flu-like symptoms and the disease is very treatable with common and inexpensive antibiotics.

However, if the bacteria multiply in the lymph nodes, the toxins they produce will liquefy the nodes, which releases massive amounts of germs and toxins into the general circulation. This very quickly causes the circulatory system to collapse. At this stage, death is a virtual certainty, as only five percent of these patients respond to antibiotics.

In this age of antibiotic-resistant hospital diseases and now the growing threat of global bioterrorism, an old technology holds tremendous promise and is available now. In the early 20th century, research was conducted on the inactivation and detoxification properties of ultraviolet light on toxins of all kinds, including bacterial toxins such as diphtheria, tetanus, botulism, snake venom, and plant protein toxins. In fact, vaccines have been made by using UV to inactivate the toxic properties of the poison, while retaining the immune-stimulating properties.

Then 60 years ago in Russia, researchers treated patients who overdosed on pharmaceutical drugs with a therapy I call ultraviolet blood irradiation (UBI). Those who received UBI had twice the speed of recovery as did controls, with 50 percent fewer complications (such as pneumonia) and a 40 percent reduction in mortality.

The Russians also found UBI cured radia-

tion sickness in dogs, so it also could be used on people affected by a nuclear disaster.

In the early 1940s, George Miley, MD reported on a recovery from botulism coma with UBI therapy. We would call this miraculous if it were to occur today with any known modern method. Botulism is another toxin made from bacteria that can live as spores. In some research, hydrogen peroxide given intravenously has been shown to reduce the chemical toxin load in botulism cases. Ozone is another oxidative therapy that can inactivate and destroy toxins by oxidizing them to harmless carbon dioxide and water.

Admittedly, I don't have any data on anthrax and oxidative therapies, as the two have never met formally. However, I've seen the awesome detoxification properties of photooxidation and taught its use as a biowarfare treatment strategy to other physicians. Only a handful of physicians nationwide have access to photooxidation, and they all agree that UBI has tremendous potential to treat anthrax. Unfortunately, to date, none of us have machines with the power of the original Knott device, which so potently saved lives over 50 years ago from bacterial toxemia. (You can read all about Emmett Knott and this remarkable therapy in Dr. William Campbell Douglass' book *Into the Light*, available by calling 800-728-2288.)

I'm currently working to have this technology revived, but there's a lot of work left to be done. Another option, is for the government to conduct a crash study on the therapy for biowarfare treatment. I'm not optimistic this will happen, because once the government found it effective (which it would), many physicians would turn to these therapies. Can you imagine what that would do to the entrenched pharmaceutical cartel and their chemical antibiotics?

In the meantime, the machines we're currently using are your best hope. I highly recommend that you find the closest physician who practices oxidative medicine. Even if he/she doesn't have UV therapy available, intravenous hydrogen peroxide is likely to be quite effective as well and is readily available to every knowledgeable physician. The bacteria and toxins of pulmonary anthrax may be easily saturated with oxygen through this relatively inexpensive and low-technology treatment.

Additional treatments for chemical exposure include massive doses of intravenous vitamin C and the most potent detoxifier — glutathione. A

Vietnam vet exposed to large amounts of Agent Orange came to see me when he was rebuffed by the V.A. after all conventional treatments failed. He suffered with an intractable dermatitis that covered his entire body. After several treatments of 20 grams of vitamin C and two grams of intravenous glutathione, his dermatitis completely cleared for the first time since Vietnam. I believe UBI can have a similar effect on anthrax, smallpox, and many other biological weapons.

Contact the International Bio-Oxidative Medicine Foundation (IBOMF), a non-profit organization which sends out IOMA's physicians referral list, to find a doctor in your area who performs the oxidative therapies. To receive this list, please send a \$5 (U.S.) tax-deductible donation and your request in writing to IBOMF, P.O. Box 891954, Oklahoma City, OK 73189.

There's a short but definite window of time after an anthrax exposure to get treatment. Antibiotic treatment with today's knowledge is a mandatory treatment of choice when caught early.

Consider older and safer generic drugs like penicillin and doxycycline for anthrax. Cipro, which is the drug being pushed right now, is more expensive and may fail against bioengineered anthrax. While the generics may fail as well, it's less likely and you won't be out as much money. UBI, with its remarkable ability to inactivate bacterial toxins and destroy the bacteria, may offer substantial hope for individuals arriving for treatment after the window for antibiotic therapy has passed. It offers considerable hope when all other hope is gone. (See Appendix A for a list of doctors).

The Flu Shot Versus Good Nutrition

The "authorities" would have everyone lining up for a flu shot every fall when flu season comes around — even though the vaccine is literally a crapshoot. Experts guess in advance which viral strain will be making its worldly rounds and if they guess wrong, there may be no protection at all from the vaccine.

Furthermore, you are never warned about the significant dangers of all the preservatives and/or heavy metals in the vaccine. Big drug-company profits hinge on selling the patented pharmaceutical vaccines. But you don't hear anything about all of the published data showing adverse reactions to the vaccine. Many people who get the shot become ill.

You're also never told that the vaccine may not work at all if you have sub-optimal nutrition. If, due to your inadequate nutritional status, you do not mount an ideal antibody response to the vaccine, what is the point? Why risk the shot? This could explain why so many vaccinated people develop the disease anyway.

Are there legitimate ways to naturally boost your resistance to the influenza virus? Sure there are, but you'll never hear about them, because no drug company stands to profit by letting you find out about them. But in the case of influenza, they may very well save your life!

Published in *FASEB Journal* in June 2001 is a landmark article on the impact of the trace mineral selenium on the influenza virus. Researchers divided mice into two groups, one well fed and nourished with ample selenium and a control group made selenium deficient. They made a startling finding, which they said has implications for humans, as the same effect is likely to occur in us. Not only were the malnourished mice sicker than the controls, but the mild virus (influenza A Bangkok) to which they were exposed mutated to more virulent (dangerous) forms. And worse, this action may contribute to new outbreaks of not just flu but many viral diseases, from the common cold to AIDS and Ebola.

A key researcher reported that once the mutations have occurred, even nutritionally sound animals became susceptible to the newly mutant strain. While the study focused on influenza,

which leads to over 100,000 hospitalizations each year in the U.S. alone, it also studied the mutation of Cocksakie B₃, linked to a heart disease called Keshan disease. Areas of China have soils very poor in selenium. Not only have those areas been at great risk for rapid premature aging and degenerative diseases due to this deficiency, but they were also at risk for heart infection. Supplements have largely eradicated the disease, according to the researchers.

The *Archives of Internal Medicine* (April 12, 1999) reported on the impact of trace elements on immunity and infections in elderly patients. Their objective was to determine the effects of supplementation with zinc and selenium (trace minerals) compared to a second experimental group supplemented with beta carotene, vitamin C, and vitamin E (all vitamins), and a third control group receiving only a placebo. The study found that after nutritional deficiencies were corrected (taking six months), the mineral supplemented group not only had fewer viral infections compared to BOTH other groups, but also had a higher antibody response to influenza vaccine when administered.

But influenza is not the only viral infection you have to worry about in winter. The common cold is caused by a virus, too. And here, vitamin C plays a big role in reducing the severity of symptoms. Guess what?

It works for the flu, too. A number of studies involving subjects under heavy acute physical stress shows that vitamin C decreases common

Extra Protection From Biological Attack

With the recent anthrax attacks, there has been a big rush on gas masks. While gas masks provide wonderful protection against chemical attacks, they don't provide any protection against biological agents. The good news is, there's an easy way to protect yourself and it's not expensive.

Surgical masks that filter down to 0.1 microns are the best defense against biological agents and can be obtained readily without a prescription. Most supply houses will have surgical masks that filter out particles larger than 0.6 microns, which is probably sufficient. But don't take any chances. The cost of the 0.1 micron filters is minimal and are the best on the market. Don't try to use the masks you can buy at the hardware store — they just don't filter out enough particles.

You can also increase the mask's effectiveness by using tape (surgical or medical tape would be best) to seal the edges of the mask against your face.

The best place to buy the 0.1 micron filters is MD Depot. The price for a case of 50 is only \$10 (plus S&H) and the price of 300 masks is \$51.50. If you're Web savvy, you can contact MD Depot at <http://www.mddepot.com>, or call them toll-free at 888-355-2606 and ask for the high-performance isolation mask.

The masks are intended to be used only one time, so if you enter a contaminated area, once removed, they should be discarded.

Ref: www.mercola.com, October 6, 2001.

cold incidence by half. At least three controlled studies have shown an 80 percent reduction in the incidence of pneumonia among vitamin C users. In one large study of 700 students, vitamin C at an initial dose of 1,000 mg per hour for the first six hours followed by 3,000 mg each day thereafter, reduced cold and flu symptoms by 85 percent.

Folks, these reports reveal some explosive information. First, it appears that all of us are placed at risk due to the poor nutritional status of our neighbors and society at large. The poor nutritional status of individuals and populations appears to contribute to increasing virulence and spread of viruses, contributing to epidemics. Unfortunately, we do not hear public health and government authorities educating us about this monumental information. Large scale immune risks that can be corrected safely and inexpensively with non-patentable nutritional supplements do not seem to be newsworthy. Your government and medical community would rather push vaccinations on people, when the simple truth is their immune response may be inadequate due to improper nutrition.

Selenium is an absolutely mandatory participant in the most important glutathione pathway of metabolism, perhaps the body's greatest detoxifier, antioxidant, and booster of immune response. In fact, AIDS victims are found very deficient in glutathione and when levels are raised, their symptoms recede or can be prevented. It is found in meat, grains such as wheat and rice, but my favorite source of readily bioavailable selenium is nutritional yeast. I sprinkle an abundant amount of this very nutritionally rich food on my salad every night. You can find it at most grocery stores.

Selenium is such a valuable mineral, I personally believe everyone should take a small supplement of it. Excellent studies have shown enormous protection and prevention of various cancers including prostate cancer in men. While too much selenium can be toxic, I have never seen 200 mcg daily of selenomethionine cause any problems.

Zinc (up to 30 mg daily) is another required mineral for proper immune function. In fact, years ago, a University of California Davis study demonstrated that making rats deficient in zinc led to an immune deficiency in the offspring, which persisted for four generations even when the zinc was replenished in the offspring! Thus, not only do we likely place our friends at risk of promoting epidemics by maintaining poor nutri-

tional status, we may very well be creating lifelong immune problems for our children, grandchildren, and great-grandchildren because we failed to take care of ourselves.

Instead of pushing mass vaccination on the population with its many unknown risks, it makes much more sense to educate and inform people of the many basic commonsense steps they can take to actually improve immune function. The rationale for mass vaccination is herd immunity, that is, if enough people become immune through vaccination, the disease will have a much less chance of propagating. I wonder why immunity to most every infectious disease that could be attained through nutritional supplementation isn't promoted (hint: \$\$)?

Action to take: Whenever you can, shop organic to maximize the nutritional value of your meals. Eat a wide array of deeply colored fruits and vegetables everyday. Shoot for five to nine half-cup servings a day of various fruits and veggies. Cut out the added sugar in your diet, sugar weakens your resistance to viruses and bacteria.

Because the diet is never perfect, I take supplements every day. I suggest you take a good multivitamin mineral that provides at least 500 mg of vitamin C and 50 to 75 mg of all of the B vitamins, 10,000 units of beta carotene and 5,000 to 10,000 units of vitamin A. Be sure it provides 200 mcg selenium and 15-30 mg zinc. If your multi does not provide vitamin A, take a teaspoon of cod liver oil every day. Add an extra gram or two of vitamin C each day to help you avoid infection. If you do find yourself feeling a bit under the weather, rest, get plenty of fluids, and take an extra 3,000 mg of vitamin C the first day. Protect yourself now safely, effectively, and inexpensively with nutrition. You'll find all of these nutrients in Healthy Resolve's Max Plus.

Ref: *Arch Intern Med*, April 12, 1999;159(7):748-54.

Foods That Build Immunity

Doctors are finally embracing what your grandmother knew all along.

In fact, scientists everywhere are *fascinated* by the healing powers of everyday foods. What their research is uncovering is that a single fruit or vegetable contains thousands of phytochemicals. These plant chemicals interact in complex and very complementary ways to enhance health and even to prevent killer diseases. By eating these foods we can chase away plaque in our

arteries, fight carcinogens, drop cholesterol levels, power up our immune system, and even hold the process of aging at bay. These foods deliver a potent defense against disease, and they are delicious to boot!

Apple: Why is it that “an apple a day keeps the doctor away”? Our ancestors believed that old maxim without understanding why it was true. It turns out apples contain many antioxidant phytochemicals. Apples are also rich in pectins, which are soluble fibers known to be effective in lowering cholesterol levels. A recent study on cholesterol reduction proved that the apple really shines. Researchers at the University of California at Davis (UC Davis) found that phenolic compounds (phytochemicals) in apples acted as antioxidants against LDL (low-density lipoproteins), the damaging portion of cholesterol in the bloodstream. The research results were published in the April 16, 1999, issue of *Life Sciences*. Another class of antioxidant phytochemicals is the flavonoids group. Apples are rich in flavonoids, especially one called quercetin. European researchers have been investigating the relationship between flavonoid intake and reduced incidence of heart disease and cancer. The simple apple also has mild antibacterial, anti-viral, anti-inflammatory, and anti-estrogenic activity.

Asparagus: Asparagus is loaded with the antioxidant glutathione and has been shown to lower cancer risk and support healthy liver function. According to the National Cancer Institute, asparagus rated the highest among tested foods containing glutathione, which is one of the body’s most potent anti-carcinogens, antioxidants, and heavy metal removers. Asparagus is very rich in folic acid, a B vitamin that aids in the duplication of cells for growth, repair of the body, and blood-cell reproduction in the bone marrow. Folic acid has recently been discovered to have a profound effect in the prevention of two of the most common neurological birth defects: spina bifida and anencephaly. Folic acid has also been established as a nutrient that prevents cervical cancer. Additionally, asparagus is high in rutin, which aids in strengthening the blood vessels. Asparagus is also an excellent source of potassium, fiber, vitamin B₆, vitamins A and C, and stress-busting thiamin.

Avocado: The avocado improves circulation, lowers cholesterol, and dilates blood vessels. It’s high in fat, but it yields a type of fat called monounsaturated oleic acid (also concentrated in olive oil), which we desperately need to maintain a

healthy heart. This fat acts as an antioxidant to block artery-destroying toxicity of the bad LDL cholesterol. Avocado is another great source of glutathione, a powerful antioxidant shown to block 30 different carcinogens and to block proliferation of the AIDS virus in test-tube experiments.

Blueberries: Full of antioxidants that exert a beneficial effect on blood vessels. Blueberries are recommended, either raw or cooked, for cardiac, urinary, and intestinal health. European blueberries were fed to the Royal Air Force pilots to improve their vision during night raids in the second world war. Blueberries strengthen rhodopsin or visual purple which improves night vision.

Blueberries contain various anthocyanins, a subcategory of flavonoids responsible for the deep blue color of blueberries. Anthocyanins are antioxidants and have an anti-inflammatory action as well. In addition, they have been found to increase membrane fluidity and to act as blood thinners.

Broccoli: Broccoli is just one of many members of the cruciferous vegetable family, which includes cauliflower, kale, cabbage, brussels sprouts, and bok choy. Their claim to fame? They appear to protect against cancer. The World Cancer Research Fund reviewed 206 human and 22 animal studies. It found convincing evidence that cruciferous vegetables in general lowered risk for many forms of cancer, including tumors of the stomach, esophagus, lung, oral cavity and pharynx (throat), endometrium (lining of the uterus), pancreas, and colon.

Broccoli is a nutritional powerhouse. According to the USDA’s nutrient database, ounce for ounce, cooked broccoli beats the orange for vitamin C and its calcium is equal to that in a glass of milk. One spear has three times more fiber than a slice of wheat bran bread. Broccoli is also one of the best sources of beta carotene in the produce section (second only to carrots). But the real surprise is this vegetable’s potent cancer-fighting components. Abundant in antioxidants, including quercetin, glutathione, beta carotene, indoles, vitamin C, lutein, glucarate, sulforaphane. Broccoli shines in cancer-fighting activity, particularly against lung, colon, and breast cancers. Like the other cruciferous vegetables, broccoli supports removal of estrogen from the body, helping suppress breast-cancer risk. Broccoli has anti-viral activity, and like cabbage, anti-ulcer activity. Broccoli also supplies chromium, which regulates insulin and blood sugar. If you don’t like broccoli,

The Only Flu Pill That Really Works

If you are exposed to the flu, your doctor might consider a forgotten drug, amantadine. It definitely prevents the development of influenza type A when taken prophylactically after exposure to the virus. However, with the patent expired, we see little modern day promotion (fortunately). I have never used it because it's a chemical pharmaceutical with definite toxicity including neurological effects. I prefer immune system supporters such as thymus extracts, transfer factors, garlic, zinc, echinacea, and large amounts of vitamin C and A. All of these can be used to both prevent and treat the flu without any known risk. Should you use amantadine? Not unless you have to. It will kill the flu virus, which could save your life. But the side effects may be too harmful. Make sure your doctor supervises any usage.

try broccoli or cabbage sprouts, the week-old seedlings of the mature plant. They are in your produce section and supply a form of isothiocyanate called sulforaphane — 10 to 100 times more than broccoli itself, in fact. The sprouts are delicious on sandwiches and salads and are easy to sprout yourself.

Carrots: Possibly nature's best source of beta carotene, a powerful anti-cancer, artery-protecting, immune-boosting, infection-fighting antioxidant with wide protective powers. A carrot a day slashed stroke rates in women by 68 percent. The beta carotene in one medium carrot cuts lung cancer risk in half, even among formerly heavy smokers. High doses of beta carotene, as found in carrots, substantially reduces odds of the degenerative eye diseases, cataracts, and macular degeneration as well as relieving chest pain (angina). The high soluble fiber in carrots can reduce blood cholesterol and promotes better bowel health. Cooking carrots makes it easier for the body to absorb carrot's beta-carotene. Beta carotene is sometimes called pro-vitamin A because it is used by our body to produce vitamin A when we need it. Studies show that diets rich in carotenoids, such as beta carotene, reduce risk of most major diseases, especially heart disease and cancer. It is important to note that beta carotene supplements do not seem to provide the same protection against disease that a diet rich in carotenoids does. Beta carotene is only one of some 600 carotenoids that

have been identified in plant foods.

Chili Pepper: The red hot chili pepper is another example of a common food with uncommon healing powers. Chilis dissolve blood clots, open up sinuses and air passages, break up mucus in the lungs, act as an expectorant or decongestant, help to prevent bronchitis, emphysema, and stomach ulcers. Most of chili pepper's pharmacological activity is credited to capsaicin (from the Latin "to bite"), the compound that makes the pepper taste hot. Also a potent painkiller, alleviating headaches when inhaled and joint pain when applied topically as an ointment or cream. Hot paprika made from hot chili peppers is high in natural salicylates, a chemical equivalent to aspirin. Chili peppers have potent antibacterial, antioxidant activity. Putting hot chili sauce on food also speeds up metabolism, burning off calories. In spite of many rumors to the contrary, chili peppers do not harm the stomach lining or promote ulcers.

Cranberries: Many people believe that drinking cranberry juice prevents the recurrence of urinary tract infections, while others argue that it doesn't. One reason for the confusion is that there are not many scientific studies. In fact, we know of only one well-designed placebo-controlled clinical trial on elderly women, reported in the *Journal of the American Medical Association* in 1994 (*JAMA*, 1994, 324: 751-54).

This study showed a reduction of bacteria in the women who drank cranberry juice prophylactically. Researchers believe the reason cranberry juice might work is that the fructose it contains can keep one variety of *E. coli* bacteria from adhering to the bladder lining. Cranberries also contain another chemical that may inhibit a different variety of *E. coli*, also implicated in urinary tract infections, from sticking to the bladder.

Some cranberry juice is high in refined sugar, so it would be best to drink fruit-juice-sweetened cranberry juice only. Or you can get cranberry concentrate from a health food store and dilute it with a little water. A glass a day could possibly keep you from having more urinary tract infections, if you're prone to them.

As with all chronic problems, be sure you check with your doctor about any underlying causes for urinary tract infections. But if you need to take something, cranberry juice is safer than course after course of antibiotics.

Fish and Fish Oil: An ounce of cold-water

fish a day has been shown to cut risk of heart attacks by 50 percent. The omega-3 oil in fish can relieve symptoms of rheumatoid arthritis, osteoarthritis, asthma, psoriasis, high blood pressure, Raynaud's disease, migraine headaches, ulcerative colitis and, possibly, multiple sclerosis. Boosting omega-3s from fish was recently proven to help ward off strokes. A known anti-inflammatory agent and anti-coagulant, fish oils represent a safer and certainly more delicious alternative to drug therapies designed to prevent dangerous blood clots. Eating fish raises protective HDL cholesterol and lowers triglycerides. Supplemental fish oils guard against glucose intolerance and type-2 diabetes. Some fish are high in antioxidants, such as selenium and Coenzyme Q10. Fish exhibits anti-cancer activity especially in blocking development of colon cancer and the spread of breast cancer. Fish highest in omega-3 fatty acids include sardines, mackerel, herring, salmon, and tuna. One of the easiest ways to boost mood, memory, ward off cancer and improve cardiac health is to substitute fish for beef at the dinner table.

Garlic: Used to treat an array of ills since the dawn of civilization. A broad-spectrum antibiotic that combats bacteria, intestinal parasites, and viruses. Epidemiological and medical studies suggest that individuals regularly consuming garlic show a lower incidence of stomach cancer, have longer blood-clotting times, and show lower blood lipid levels (which indirectly translates into reduced risk of stroke and cardiovascular dis-

ease). It also lowers blood pressure and blood cholesterol and discourages dangerous blood clotting. Two or three cloves a day cut the odds of subsequent heart attacks in half in heart patients. Garlic contains multiple anti-cancer compounds and antioxidants and tops the National Cancer Institute's list as a potential cancer-preventive food. Lessens chances of stomach cancer in particular. A good cold medication. Acts as a decongestant, expectorant, anti-spasmodic, anti-inflammatory agent. Boosts immune responses. Helps relieve gas, has anti-diarrheal, estrogenic and diuretic activity. Appears to lift mood and has a mild calming effect. High doses of raw garlic (more than three cloves a day) have caused gas, bloating, diarrhea and fever in some. Aged garlic may be better than cooked garlic. Eat garlic both raw and cooked for all-around insurance.

Shiitake and Maitake Mushroom: A longevity tonic, heart medicine, and cancer remedy in Asia. Current tests show mushrooms, such as maitake, help prevent and/or treat cancer, viral diseases, such as influenza and polio, high blood cholesterol, sticky blood platelets, and high blood pressure. Eaten daily, maitake or shiitake, fresh (three ounces) or dried (one-third ounce), cut cholesterol by seven percent and 12 percent respectively. A shiitake compound, lentinan, is a broad-spectrum antiviral agent that potentiates immune functioning. Used to treat leukemia in China and breast cancer in Japan. Extract (sulfated B-glucans) has been declared by Japanese scientists more effective as an AIDS drug than the common drug AZT. Eating black ("tree ear") mushroom "thins the blood." No therapeutic benefits have been reported for the button mushroom we most often see in supermarkets. Some claim button mushrooms have cancer-causing potential (hydrazides) unless cooked.

Look for mushroom combinations in your local natural food store. If you can't find them, you can call Gourmet Mushrooms at 707-823-1743 and ask for the TriMyco-Gen capsules. A bottle of 100 capsules is \$24 including shipping, but if you get two or more bottles, it's only \$19/bottle. If your immune system is suffering, I suggest you take at least two capsules morning and night.

Spinach: Always found on surveys, along with other green leafy vegetables, as one of the foods most eaten by people who don't get cancer. Spinach contains about four times more beta-carotene and three times more lutein than broccoli, for example. Its fiber helps lower blood cho-

Take Two Tablespoons of Mustard and Call Me in the Morning

The Canadian government, desperate to curb costs of its outlandishly expensive and bankrupt health-care system, has taken to promoting home remedies for colds! Here are some of the things they suggest (of which I whole-heartedly approve):

- Homemade chicken soup.
- Mustard in water, two tablespoonful every three hours.
- Vinegar and pepper: a tablespoon of vinegar and a generous dash of pepper, taken every four hours.
- Horseradish, a teaspoonful as needed for nasal congestion — have some water handy.
- Ginger and coriander tea.

lesterol. Spinach supplies lutein, a cousin of beta carotene. Lutein reduces risk of the notorious sight robber macular degeneration. One serving a day of cooked spinach can cut your risk almost in half! Spinach is a bone builder too, along with other leafy greens, it is full of calcium and magnesium.

Tea (black, oolong, and green tea — not herbal teas): Amazing and diverse pharmacological activity, mainly due to catechins. Tea acts as an anticoagulant, artery protector, antibiotic, anti-ulcer agent, cavity-fighter, anti-diarrhea agent, anti-viral agent, diuretic (caffeine), analgesic (caffeine), mild sedative (decaffeinated). In animals, tea and tea compounds are potent blockers of various cancers. Tea drinkers appear to have less atherosclerosis (damaged, clogged arteries) and fewer strokes. Excessive tea drinking because of its caffeine could aggravate anxiety, insomnia, and symptoms of PMS. Tea may also promote kidney stones because of its high oxalate content. Green tea, popular in Asian countries, is highest in catechins, followed by oolong and ordinary black tea, common in the United States. Green tea is considered most potent. One human study, however, found no difference in benefits to arteries from green or black tea.

Tomatoes: Lycopene is one of the lesser known carotenoids. Like beta-carotene, its more well known cousin, this plant pigment contributes to the brilliant hue of many fruits and vegetables, especially tomatoes. But a new respect and growing interest in lycopene points to its superior ability to quench the oxidative radicals that play a

role in aging and many degenerative diseases. Indeed, recent studies have suggested that lycopene's antioxidant properties — the highest among those of all the dietary carotenoids — may explain its apparent ability to reduce an individual's risk of prostate and certain other cancers. Unlike most carotenoids, lycopene occurs few places in the diet besides tomatoes. Pink grapefruit, fresh papaya, raw guava, and watermelon all contain amounts of the nutrient comparable to what's found in fresh tomato slices. Dried apricots and pureed rosehips, too, contain relatively large amounts.

In one study, eating tomatoes at least weekly appeared to cut a man's risk of esophageal cancer by 40 percent. Lycopene also has emerged as an apparent protective dietary nutrient in several surveys of stomach cancer. More tentative associations offer the suggestion that it may diminish an individual's chances of developing cervical, bladder, and skin cancers.

One final tip: If you're headed overseas, eat plenty of sauerkraut, yogurt, tofu, miso, and tempeh. These will boost your immune system and help ward off life-threatening bacteria like staphylococcus and E. coli. Also, avoid sugar before and during the trip, as it will lower your resistance to these bacteria.

To unleash the full potential of the healing powers of foods, choose organic, and cut back on the empty calories found in processed and refined foods that deliver extra sugar and salt and added oxidative stress. A whole foods diet full of fresh fruits and vegetables is the best bet for your health and longevity.

Hydrogen Peroxide, Medical Miracle?

I've been a fan of oxygen therapies for years. Whether it's hyperbaric oxygen, ozone, or hydrogen peroxide therapy, I think oxygen therapy is one of the most amazing breakthroughs in the last century.

Dr. Charles Farr was my mentor in hydrogen peroxide and the founder of the International Oxidative Medicine Association. He became interested in H₂O₂ while studying research on ozone therapy. He learned that ozone in the blood produces H₂O₂, and then entertained the idea of H₂O₂ itself as a possible therapy. When he began digging into the medical literature, he was astounded to find many studies documenting the

science behind hydrogen peroxide.

From the published literature (see Finney and Urshell references) it appears that hydrogen peroxide may actually have a protective effect on heart muscle tissue that has decreased blood (and oxygen) supply. It has even been used successfully to convert the fatal heart rhythm, ventricular fibrillation. Interestingly, research has also been published demonstrating that repeated intraarterial infusions may remove the plaques and increase elasticity of the blood vessel wall, even benefiting the arteries supplying blood to the brain.

With such information, Dr. Farr began using intravenous H₂O₂ intermittently with EDTA

chelation (he coined the term “chelox” for this procedure) for patients with cardiovascular disease and noticed a definite added clinical benefit. His clinic no longer uses only EDTA, but incorporates chelox for all his patients who have hardening of the arteries. Dr. Farr passed away several years ago, but his clinic is continuing his work.

Hydrogen peroxide has powerful antiviral and anti-bacterial properties. In fact, the body’s natural defenses against bacteria, viruses, and yeast are white blood cells, which produce hydrogen peroxide as their lethal weapon against these organisms. This is well documented in the scientific literature. So H₂O₂, like a vitamin or natural hormone, is actually an “orthomolecular” substance, natural to the body processes!

But how could hydrogen peroxide possibly benefit people with cardiovascular disease? It is possible that an infection may start an injury at the inner layer of the artery, constituting the beginning of hardening of the arteries. Recent research has discovered specific bacteria (chlamydia) and viruses (cytomegalovirus) within the plaque obstructing the arteries. Perhaps part of the purported apparent synergistic effect of H₂O₂ on cardiovascular disease is due to this antibacterial and antiviral effect. Hopefully more research will further elucidate this relationship between infection, cardiovascular disease, and the use of H₂O₂.

Dr. Farr also documented what he calls the “Lazarus phenomenon” — when an acutely ill patient with an infectious disease (the flu, for example) is assisted into the office, infused with a dilute hydrogen peroxide solution, then is observed walking out of the office smiling and symptom-free three to four hours later. Interestingly, one of the first reported successful medical applications for intravenous H₂O₂ was for 25 patients with influenza pneumonia published in the 1920s by Dr. T.H. Oliver.

If someone tells you that intravenously administered hydrogen peroxide is dangerous, remind him that even water is deadly in excessive doses. But the concentration of H₂O₂ used is extremely low (never greater than 0.03 percent). Dr. Farr has treated hundreds of patients with intravenous hydrogen peroxide for over 12 years, and other than an occasional minor inflammation of the vein used for the infusion, he has never observed a serious reaction. Indeed, there are numerous reports of using H₂O₂ in concentrations from 0.008-0.6 percent (Balla, Fuson,

Lorinez) without serious side effects.

Hydrogen peroxide is certainly not a cure-all, but appears to have therapeutic potential for many conditions. Why then isn’t H₂O₂ more widely accepted and being used by more doctors? The answer is complex, but generally, the \$300 million required for FDA approval can be recouped only if the treatment is patentable. But like so many of the “alternative” therapies, hydrogen peroxide cannot be patented since it is a “natural product” and it will therefore never have the current medical establishment’s approval.

Reading the published clinical research regarding intravenous H₂O₂ makes me look forward to seeing more future research results. One important area may be the use of hydrogen peroxide for the rapidly emerging antibiotic-resistant bacteria.

Action to Take

(1) Send a written request and \$5.00 for a list of doctors near you who may offer this form of treatment to the International Bio-Oxidative Medicine Foundation (P.O. Box 891954, Oklahoma City, OK 73189).

(2) Read Dr. William Campbell Douglass’ book, *Hydrogen Peroxide, Medical Miracle* (call 800-728-2288 for more information).

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Antioxidants Low in Arthritis — What Does It Mean?

People with rheumatoid arthritis have lower blood levels of antioxidants, such as vitamin A, vitamin E, and beta carotene, *in the years before the disorder is diagnosed*. And the same may be true for another autoimmune disease, systemic lupus erythematosus. This has tremendous importance for the preventive aspect of these debilitating diseases — can early ingestion of these nutrients prevent these diseases?

However, it's not clear if the lower level of antioxidants is a cause or the effect of the diseases. Possibly, antioxidants in the blood are being used to "mop up" damaging free radicals, byproducts of inflammation related to the diseases, according to lead study author Dr. George Comstock, of the Training Center for Public Health Research in Hagerstown, Maryland. "Or perhaps," Dr. Comstock said, "low antioxidant status, whether because of decreased intake, absorption, or transport, increases the potential for oxidative damage." In other words, larger than recommended doses may prevent these diseases.

In the new study, Comstock and his colleagues looked at thousands of blood samples *donated in 1974*, and specifically tested those from 21 people who were diagnosed with rheumatoid arthritis *2 to 15 years after giving blood*.

They also identified another six people who developed systemic lupus erythematosus 3 to 13 years after giving blood.

The researchers found that those with rheumatoid arthritis had 29 percent lower beta carotene in their blood years before they were diagnosed, compared with people who did not develop the disease. (Beta carotene is found in orange and yellow vegetables, such as carrots and squash.) Those who developed rheumatoid arthritis also had five percent less vitamin E and seven percent less vitamin A in their blood. So the beta carotene seems to be the significant nutrient in prevention of arthritis.

The blood of the patients with lupus showed they had 21 percent less vitamin E, 13 percent lower beta carotene, and 15 percent less vitamin A in their blood compared with healthy people of the same age.

The number of patients is too small to come to any definitive conclusions, but the method is excellent and should be pursued. I do have one caveat: How much of the hypovitaminosis in the old samples was due to deterioration over the years? More study is needed. But in the meantime, take your vitamins.

Ref: *Annals of Rheumatic Diseases*, 1997;56:323-325.

Does Aspartame Attack Your Immune System?

Right up there with the fluoride and mercury-in-your-fillings scandals is the aspartame mass poisoning of the world. From Kenya to Kokomo and from Kyoto to Khartoum, the world is swimming in this highly toxic chemical — over 90 countries are selling it as UltraSweet, Equal, or Spoonful. Over half of all Americans now consume it on a regular basis.

At an environmental meeting in 1997, the keynote address was given by an official from the Environmental Protection Agency (EPA) in which he said: "There is an epidemic of multiple sclerosis and systemic lupus, and we do not understand what toxin is causing this to be rampant across the United States." (paraphrased) It's interesting

that he said "what toxin." I've never heard a

bureaucrat even suggest that it may be from a toxin — a slip of the tongue?

When the temperature of aspartame exceeds 86° F, the wood alcohol (methanol) in aspartame converts to formaldehyde and then to formic acid, which in turn causes metabolic acidosis. (Formic acid is the poison found in the sting of fire ants.) The methanol toxicity mimics multiple sclerosis. Thus, people are diagnosed as having multiple sclerosis when, in fact, they are often suffering from aspartame toxicity. If they had been taken off aspartame, their symptoms would, in many cases, have disappeared.

Systemic lupus erythematosus has become almost as common as multiple sclerosis and the major culprits appear to be Diet Coke and Diet

Pepsi. The systemic lupus appears to be triggered by aspartame. The victim usually does not know the aspartame is the culprit and continues the Coke and Pepsi, thus aggravating the lupus to such a degree that it can be life-threatening.

Chronic methanol toxicity from Diet Coke and Diet Pepsi, usually diagnosed as something else, has similar symptoms as lupus and MS. It is usually found that the patient drinks three to four 12-oz. cans (or more) of Diet Coke or Diet Pepsi per day.

When patients are taken off aspartame, those with systemic lupus may improve, but they will not be cured. The damage has been done and the disease cannot be reversed. However, in "MS" cases, the results are often dramatic, bordering on the sensational. In reality, the "MS" is often chronic methanol toxicity and the symptoms may disappear completely with removal of aspartame from the diet.

An "MS" case suffering from blindness is almost certainly a case of chronic methanol toxicity secondary to aspartame poisoning. Ask doctors in a country where bootleg whiskey is common, such as Russia, what is the most dramatic symptom of acute methanol toxicity from the bad hooch they drink and they will tell you it's blindness.

The symptoms of "aspartame disease," — chronic methyl alcohol toxicity — are amazingly varied, including: blindness, tinnitus, numbness in the extremities, muscle spasms, slurred speech, blurred vision, joint pain, headaches, anxiety, vertigo, and memory loss. So you can see how easily the patient can be misdiagnosed as MS, Alzheimer's disease, brain tumor, or just plain neurosis, early in the course of the toxicity.

Brain tumor, mentioned in the last sentence, cannot be passed over without further comment. Brain tumors have increased dramatically in the last 40 years. This coincides with the increase in the use of jet travel, television, aspartame, and Kleenex. But, unlike the other modern conveniences mentioned here, there is solid evidence to indict aspartame in the genesis of the modern epidemic of brain cancer.

I was astonished to find out that the first experiments done to test the safety of aspartame disclosed a high incidence of brain tumors in the animals fed what would become known to the world as NutraSweet. The study was done by the very company that was going to sell Monsanto

Corp's brainchild, if you will pardon the double entendre. The G.D. Searle Co. found there was a 3.75 percent incidence of brain tumors in the rats fed aspartame and zero percent in the control rats — astrocytomas are rare in rats. It's so rare that this incidence represents a 25 times higher incidence than would be expected in rats. Furthermore, the formation of brain cancer was dose-related — the higher the dose, the more cancer.

Equally incriminating, the study was discontinued after only 76 weeks. Since the number of tumors continued to increase, some damage control was needed. What would any well-paid investigator do? — stop the study and declare that all the tumors were "spontaneous"! The FDA went along with the studies, which they knew to be badly flawed to the point of fraud and gross incompetence — and approved NutraSweet. Dr. Russell L. Blaylock, author of the seminal book, *Excitotoxins — The Taste That Kills* (Health Press, 800-643-1996), called this action "a monumental crime."

Dr. H.J. Roberts, diabetic specialist and world expert on aspartame poisoning, has also written a book entitled *Defense Against Alzheimer's Disease*. Dr. Roberts tells how aspartame poisoning is escalating Alzheimer's Disease. Hospice nurses are reporting that women are being admitted at 30 years of age with Alzheimer's Disease.

There are 92 documented symptoms of aspartame, from coma to death. The majority of them are neurological, because aspartame destroys the nervous system.

Dr. Roberts says: "Consuming aspartame at the time of conception can cause birth defects." And Dr. Louis Elsas, a Professor of Genetics, at Emory University, testified before Congress that phenylalanine, a breakdown product of aspartame metabolism, concentrates in the placenta, causing mental retardation in the baby.

Action to Take

(1) If a food label says, "sugar-free," don't purchase it until you read the label. It probably contains aspartame.

(2) The only safe and nutritious sweetener is Stevia. It is a natural product with powerful sweetening action. It is now available at health food stores.

(3) Read *Defense Against Alzheimer's Disease* by Dr. H.J. Roberts. This book is not just about Alzheimer's. It's a book for all Americans

who want to know the truth about aspartame and other toxins in their food.

You can order this book from Sunshine

Sentinel Press, Inc., P.O. Box 17799, West Palm Beach, FL 33416, \$27.95; Phone: 800-814-9800, Fax: 407-832-2400.

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How to Reverse the Aging Process Cell-By-Cell

Did you know that your body feeds your immune system every four seconds? Yes, it dumps oxygen into your body with every breath over 23,000 times a day. Then your immune system gobbles up this vital element as fast as it can.

While nature intended oxygen to protect you from degenerative diseases, recent scientific discoveries have exposed a horrifying truth: Modern living has severely hobbled your body's ability to deliver oxygen to your immune system. The result? An immune system that can't protect your health like it should.

Indeed, as a doctor with my own practice, I see patients every day whose bodies are under siege and slowly losing the battle against disease because their defensive system is undernourished. But this isn't just a local health problem here in California. It's a nationwide epidemic. Since World War II, America's level of health has dropped from the world's highest to the lowest among the industrialized nations. Obviously, there's something wrong with our modern lifestyle. If our immune systems were in tip-top shape, we wouldn't have filled 1.69 billion prescriptions in retail drugstores last year. Fortunately there's a solution besides doping up with more prescription drugs.

That's right. By giving your immune system the extra oxygen it's craving, you can live a longer, healthier, more energetic life, no matter your age or physical condition. Cancer, high blood pressure, obesity, arthritis, heart disease, colds and flu, depression, strokes, and over 100 other life-threatening problems can be delayed, prevented — or reversed — using these simple solutions.

Find that hard to believe? Well, I'm going to *prove to you* that you can achieve super immunity and feel better than you have in 15 years with extra oxygen. And, no, I'm not inviting you to live in a plastic bubble or do anything that extreme. Instead, I want to introduce you to easy-to-use, documented-to-work therapies almost everybody can use successfully.

Hyperbaric Oxygen Therapy

The first therapy is hyperbaric oxygen therapy,

which is the medical administration of oxygen under pressure greater than sea level (one atmosphere or ATM). In order to accomplish this, the individual must go into a chamber and be pressurized. Remember the old diving bells? That should give you the idea of what I'm talking about. In fact, being pressurized in a chamber is virtually identical to diving and breathing pressurized air.

At sea level, we breathe air at one ATM pressure or about 15 pounds per square inch (15 PSI of pressure). However, go under water to just 33 feet and the pressure of just that 33 feet of water equals miles of pressure of the earth's atmosphere and you will be at two ATMs pressure. The increased pressure radically changes the physics of oxygen transport in a manner that can dramatically accelerate the healing of many conditions.

Oxygen is the most critical substance for life. Complex life forms require a means to transport oxygen to every cell in the body. Thus, lungs or gills exchange oxygen and carbon dioxide waste and, together with the circulation system, carry oxygen from the lungs (or gills) to those cells. Red blood cells contain an iron-bound substance called hemoglobin which absorbs oxygen where the oxygen tension is high and releases the oxygen where the tension is low (the tissues). This is true in the most complex life forms (mammals) all the way to the smallest of insects. Ordinarily, all of the oxygen used is carried by the red cells. This is because oxygen is hardly soluble in water, so the fluids of the body cannot carry it. If the red cells cannot reach a particular area, then that area will become compromised and cells could die (resulting in a condition like a heart attack or stroke).

Air is about 20 percent oxygen. One ATM equals 760 mm of mercury. The partial pressure of oxygen therefore is 20 percent of 760 mm or about 150 mm. That is the pressure of oxygen outside your mouth at sea level, and what you breathe in. In the lung, however, there is a significant amount of carbon dioxide leaving the blood for the exhalation (release of breath). Having a pressure of about 40, this dilutes the pressure of oxygen inside the normal lung still further to 100-110.

All movement in nature goes by pressure,

from areas of higher pressure to lower. This is the pressure that pushes oxygen from the rich environment of the lungs into the blood where the pressure is less due to oxygen consumption in the tissues. Hemoglobin then picks up the O₂ and carries it to the tissues. In a perfect lung-blood interchange, blood exiting the lungs will have close to the same pressure of oxygen as the air sacs. Hemoglobin saturates itself with O₂ and at pressures of 70 mm and above, it is virtually 100 percent saturated. That means, the blood cannot carry any more oxygen; the red cells are full.

When the blood cells reach the smallest vessels, the capillaries, they are exposed to the oxygen-poor environment among the working cells of the body. Oxygen tension here is low because the oxygen is being consumed about as fast as it is delivered. Blood leaves the capillaries and enters the veins with a pressure of only 35-40 mm, meaning the oxygen tension in the fluids left behind in the tissues is only about 35 mm. This low O₂ tension must make its way into cells through diffusion and by the time we look at the O₂ tension inside the cell, where it is being burned, tension may be less than five mm.

Wow! The oxygen is moving from outside air, with a tension of 150 mm, to a cellular oxygen tension of not much more than one percent of that! It's easy to see and understand how and why we're so dependent on an uninterrupted supply of oxygen every second of our lives. It is a long and arduous path for oxygen to get from the outside air to the deep recesses of the body and is made even harder by the blood vessel obstruction placing obstacles to the flow of red cells.

Furthermore, the red cell has a diameter actually larger than the diameter of the capillaries. It must be flexible in order to bend in its passage through the capillaries. Inflexibility results from improper diet, as does obstruction.

HBO alters body physics allowing it to manage oxygenation of compromised tissues totally independently of red cells. Under pressure, oxygen does dissolve in water and body fluids. HBO can cause up to 12 times and more of oxygen to dissolve in the waters of the body than at sea level. Here's how:

If you take some ordinary distilled water and bubble carbon dioxide into it at one ATM, put it into a bottle, then open the bottle days later at sea level, you get the same water. However, if you pressurize the water with the carbon dioxide, it dissolves into the water at the higher pressure. If you bottle it at the higher pressure and then fill the bottle at one ATM, the bottle feels very firm, since it contains and is holding the higher pressure. Now when you open it, the firmness immediately goes away, and the dissolved carbon dioxide begins to bubble out of the solution, hence, carbonated water.

If we do the same thing with the body, only use oxygen instead of water, oxygen actually dissolves in our waters like the carbon dioxide of the carbonated beverage. Oxygen now will be carried in the fluids of the body, not just the red cells. It can freely travel throughout the body unimpeded by the obstructions to red cell circulation; and the body will become saturated with life-giving and life-preserving oxygen. Let's look at how this might promote dramatic results in very difficult cases.

Anti-Aging Creams Cause Premature Aging

A number of women have written in asking about Age-Defying Complex, one of a number of new products made from alpha-hydroxy acids (AHA). Other brand names are Anew and Fruition. They are very expensive — a "large jar" of Fruition will set you back 70 bucks.

As is usual with products from the cosmetic industry, there is more hype than science. The public is being experimented on, pure and simple. But the profits from this latest panacea are already immense. Unilever expects to make \$100 million a year on its Age-Defying Complex; Avon made \$175 million on Anew last year — and they have barely scratched the surface, if you will pardon the expression.

Myron Lover, a cosmetics industry consultant, is concerned about the long-term effects of AHAs. If the AHAs cause a higher turnover rate of cells in the skin, they may be "shortening the youthful health of skin." In other words, they may, in the long run, cause a *premature aging* of the skin. Usually, there is a price to pay for messing with Mother Nature.

I cannot recommend these creams because there is no proof that they work and no proof that they are safe. As Lover says: "The drug is a miracle of marketing — not a miracle of performance." But wrinkles are a greater worry to many people than cancer, so few are going to listen to us. It's still a (mostly) free country.

Treating Infections and Other Ailments

HBO is accepted and approved in only limited applications by orthodox medicine. In the case of **carbon monoxide (CO) poisoning**, oxygenation of the body is thwarted. Carbon monoxide has a higher affinity for hemoglobin than does oxygen. Thus, the red cells will carry only CO and the body will starve for oxygen. HBO will successfully get oxygen to the tissues bypassing the need for the disabled red cells, and the extremely high O₂ pressures will more quickly displace CO from the red cells.

Burns and poorly healing wounds can severely damage blood vessels resulting in oxygen starvation to the damaged area. HBO can overcome the O₂ defect and speed healing. Further, blood vessel repair and growth is oxygen dependent. Getting more oxygen to any compromised tissue will assist the body further by allowing for more rapid repair of the blood vessels.

Osteomyelitis (a bone infection) is a very dangerous condition. Circulation in the bone is very sluggish and if an infection gets established, the slow circulation can permit a nasty and stubborn infection that can become chronic and/or take months to heal with conventional antibiotic therapy. The heart of infection management is oxygen. Aside from the fact that most pathogens thrive in low oxygen tensions, the defenders of the body, the white blood cells are heavily dependent on oxygen to fight and kill bacteria. When white cells encounter infection, they produce a "respiratory burst" in which they need and use up to 100 times the amount of oxygen they utilize in their resting state. If that oxygen is not available, due to slow circulation, disabled blood vessels, etc., the white cells will be impaired in protecting us and in destroying the invading organisms. Hence, HBO has its proven merit in the treatment of osteomyelitis where the circulation is slow.

Now you might ask, "If HBO aids in the treatment of osteomyelitis and oxygen is so important in the management of all infections, why is this modality not used more where patients have serious or life threatening infections?" And I will answer "because of a very narrow-minded medical profession."

All infections are oxygen deprived. All infections generate inflammation, which creates edema and excess fluid in the local area. Edema

presses on the nearby blood vessels slowing down circulation. At the heart of the infection, white cells are valiantly doing battle under circumstances similar to soldiers in war doing battle when pinned down with little or no supply line. Imagine what they could do with a plane drop of more ammunition and supplies even if encircled. HBO can do exactly that! The whole body will be saturated with oxygen, cells at the front line will get the needed oxygen to fight the invaders, and bacterial toxins will be weakened by the higher oxygen levels.

It bewilders me that doctors, who are well trained in the basic sciences and understand this need for oxygen, do not recommend and use HBO for any serious infection whether or not it is "approved." We should be giving the body every assistance in its nutritional (oxygen is a nutrient) needs, especially in such times of stress. But except for the rare use of HBO in the case of the flesh-eating bacteria, you will not hear of the average doctor and even the average major medical center possessing an HBO chamber using HBO except for the "approved indications," even if the patient is dying.

I treated a diabetic patient with cellulitis (an infection of the soft tissues under the skin) of the leg with HBO and ultraviolet blood irradiation therapy and within two days, the condition was cleared without antibiotics.

Help for Stroke Victims

There is another place where HBO has great usefulness, yet except in a few locations, you will see patients suffer and told there is no hope rather than be offered HBO. Stroke patients have neurologic defects due to a circulatory obstruction or bleeding in the neurologic tissue, which impairs oxygen delivery. Brain tissue can live for only three minutes without oxygen before it begins to degenerate. Only a few more minutes of total oxygen deprivation will result in death of the cells. Unknown to even most doctors, the neurological damage in stroke does not necessarily result in complete cell death in the affected area.

A stroke results in a pattern much like an eclipse. That is, there is a relatively small area of total oxygen deprivation and cell death and a much larger area where the cells have enough oxygen to survive, disabled and damaged, but still alive. Dead cells are gone forever, but viable cells, even if damaged, can be saved if caught in

time. The stroke area consists of a clot or a bleed in which the immediate surrounding area may be dead, but as you move away from the epicenter, so to speak, the zone of death turns into a much larger zone of injury. If oxygen can be delivered to these cells before they die, they can repair themselves and the supporting tissue can begin to generate new blood vessels.

HBO to the rescue!

Treatment can restore life-giving oxygen to the afflicted area even in the presence of complete obstruction of blood. Cells can be salvaged, new vessel growth is encouraged, and damage is minimized. Obviously, the earlier one intervenes in a stroke case the better. Neurons derived of oxygen are fragile and the longer they are without it, the more irreversible damage there will be.

However, HBO pioneer David Steenblock, DO, of California, who runs a multichamber HBO center, has reported to me partial to substantial recovery of neurologic function up to five years after a stroke. Imagine that the neurons were alive all that time, but non-functional and simply restoring them to oxygen delivery revived them after years, something unthinkable in orthodox management of stroke.

More Uses for HBO

HBO is commonly used in England to treat Multiple Sclerosis. I have interviewed long-term practitioners of HBO therapy who report significant improvement of fibromyalgia symptoms, chronic fatigue, and circulatory impairment. All of this is based on getting optimal oxygen to compromised areas. It is well known that most infectious organisms are compromised by oxygen while our cells thrive. No wonder the improvement.

At the 2001 annual conference of the

International Oxidative Medicine Association, a brilliant Mexican physician operating a HBO center in Mexico City presented dramatic and powerful, almost unbelievable recoveries from major bodily traumas and infections. Bodily parts almost totally severed and denuded were able to heal to functionality with HBO.

In my own practice, I recently treated E.M., a 56-year-old, long-term kidney cancer survivor. He was presented to me after a stroke caused a complete loss of sight on the left field of vision. Stumbling into my office holding onto the walls, he told me it happened only two weeks before and that there was no recovery at all in that time. His ophthalmologist told him it would be permanent.

I started HBO immediately with intravenous DMSO, another innovative treatment for neurologic impairment, and within two weeks, his ophthalmologist generated a visual field report showing over 95 percent recovery!

A short time later, I had an 80-year-old woman with significant non-Alzheimer's senility suddenly awake to near normal consciousness and intelligence after only a few minutes inside the chamber. The recovery was due to the sudden restoration of oxygen to a brain that suffered because of compromised circulation (but there was still enough oxygen getting to the brain to keep the neurons alive, though functioning poorly).

HBO therapy is gradually making inroads. It would be wise for the readers to locate the nearest facility, and especially a facility operated by an open-minded professional not bound by convention. That way, should you unfortunately encounter a stubborn infection problem, an injury, or a stroke, you will know where an innovative physician can provide skillful technology to assist your body to recover to its fullest potential and quickly!

Multi-Step Therapy — The Best Anti-Aging Gift You Can Give Your Body

In the never-ending fight against the aging process, we have finally found a therapy that now gives us the edge. It can dramatically reduce the effects of the aging process from your body, it costs very little, and it can be done in the comfort

of your own home.

The therapy is called EWOT (exercise with oxygen therapy) or multi-step therapy. You've read about it in the past, but that's just the beginning of what will be one of the biggest breakthroughs ever in anti-aging medicine in decades, and yet it's still virtually ignored by the medical establishment. Why? Probably because it doesn't cost much, so the doctors and drug companies aren't going to get rich using it. But I suspect most are simply in the dark about the incredible

benefits you can receive using this therapy. I know I was for many years.

As an avid user of oxidation and oxygen therapies, I was fortunate to attend a lecture on oxygen multi-step therapy at the International Oxidative Medicine Association's convention years ago. However, it was presented in poor English without a clear understanding among the attendees of the mechanisms of action. Like most physicians, I need to know how something works to better apply it to patient care. Just hearing results without understanding is not satisfactory.

Now, with the aid of recent writings by Dr. Manfred von Ardenne, how this procedure produces its stunning effects becomes not only crystal clear, but also amazingly simple.

Before I explain the therapy, though, we need to understand how oxygen gets from your lungs to your tissues. This gets a little technical,

but it will help you understand why multi-step therapy is so crucial to effectively fight the aging process.

As I mentioned at the outset of this report, one ATM equals 760 mm of pressure and oxygen comprises approximately 20 percent of the atmosphere, therefore the pressure component of oxygen, called partial pressure, is 20 percent of 760, or about 150 mm. The air coming into the lungs, therefore, contains a pressure of O₂ at 150 mm. However, in the lungs, the oxygen is diluted considerably with carbon dioxide leaving the body. Thus, in the air sacs of the lungs (alveoli), the pressure of oxygen is the 150 mm minus the partial pressure of CO₂ (which is 40) for a net O₂ pressure in the air sacs of about 100-110 mm. With me so far?

This 100-110 mm is the amount of pressure that drives the oxygen from the lungs into the

The NATURAL Way to Flood Your Body With Growth Hormone

You've probably heard of human growth hormone (HGH), the powerful substance that's produced by your body throughout life, but declines dramatically as you get older.

A number of doctors are now using HGH injections to treat patients over 50 ... and are reporting amazing anti-aging results. I'm talking about greater muscle tone ... stronger bones ... lower body fat ... increased brain function ... and even younger, tighter skin!

But there's a sinister downside to growth hormone injections, one you rarely hear about: They cause a whole array of dangerous side effects, including high blood pressure, arthritis, insulin resistance, abnormal growth of body parts, and enlarged breasts in men!

Luckily, there's a way to get all the growth hormone you need ... without resorting to dangerous injections.

All you have to do is take the amino acids arginine, ornithine, and glutamine.

In clinical studies, people who took these nutrients were able to QUADRUPE their levels of growth hormone! What's more, they were able to get benefits like greater energy ... lower cholesterol and blood pressure ... and increased sexual performance!

L-arginine is an essential amino acid that appears to increase HGH levels by blocking

Somatostatin, a hormone that inhibits the secretion of growth hormone. One European study showed arginine boosted blood levels of HGH three times the normal level of most elderly. Arginine also helps your body burn fat and build muscle, which is why athletes tend to use it in their training regimens. And men, it also helps with erectile dysfunction. I recommend taking three to five grams per day.

L-ornithine is a non-essential amino acid, but is very similar in structure to arginine. Though it's similar to arginine, it has double the effectiveness of raising HGH levels, according to the folks at the Life Extension Foundation. The usual dosage for ornithine is two to three grams daily.

L-glutamine is the most abundant amino acid in the body. Glutamine is considered a conditional amino acid because there are conditions in which the body is unable to synthesize from other amino acids. A study in 1995 from Louisiana State University College of Medicine in Shreveport showed that a dose as small as two grams of glutamine raises HGH blood levels *four times* more than a placebo regardless of your age. I usually recommend three to eight grams daily.

You can find all three of these amino acids at your local health food store. If you're Internet active, you can order them at a number Web sites including www.drugstore.com.

blood. The blood takes the oxygen by way of the arteries to the extremities where it is fed to the capillaries. The capillaries release some of the oxygen to support each individual cell along its pathway. In an ideal situation, the pressure of oxygen in the arteries will almost match the pressure in the alveoli. When we're young, this is the case, with the arterial pressure running around 95 mm. However, as we age, the arterial pressure declines, with the average 70-year-old having an arterial pressure of only about 70 mm.

The reason this is significant is because when the blood carries the oxygen to the capillaries, the oxygen must dissolve in the waters of the body in order to reach the O₂-thirsty cells beyond the capillary membrane. Unlike carbon dioxide, O₂ is much harder to dissolve in liquids and *its solubility is heavily dependent on the pressure driving it*. Oxygen is extracted in the capillaries and when the blood comes out the venous end of the capillary, the average pressure of oxygen in the veins is about 40 mm early in life and drops to about 35 mm by age 70. The difference in the pressure of oxygen between the arterial and venous sides reflects how well the oxygen is delivered and consumed.

In your 30s, the amount of oxygen released to the cells is significantly higher than in your 70s. If you do the math, a 30-year-old will release 55 mm of pressure ($95-40=55$), while a 70-year-old will release only 35 mm of pressure ($70-35=35$). That's a huge drop (55 vs. 35) in the amount of pressure of oxygen your cells are receiving.

This is extremely important, as the most common complaint I've heard about multi-step therapy is from patients who have their blood tested by a conventional doctor who measures the amount of oxygen in the blood. When it comes back normal, people think they don't need the therapy. What the doctor is missing is how well the oxygen is transferred to the cells.

When the oxygen pressure falls as you age, the volume of oxygen may stay the same, but you may be oxygen deficient because there's not enough pressure to push the volume to a usable state. When your doctor tells you there's plenty of oxygen in your blood, he's correct. The blood is saturated with oxygen. Problem is, there's not enough oxygen in your cells! You see, the body's ability to transfer oxygen to the cells becomes damaged as we age.

This transfer of oxygen from the blood to the

cells is perhaps the most significant underlying factor in whether you live a healthy life or not! The more damaged the transfer mechanism becomes, the more likely you will become ill. This is why you are more susceptible to illness as you age! (There is much more to this aspect of the therapy, but I've given you enough science for one day.)

The breakthrough with multi-step therapy is that it actually raises the arterial pressure *back to youthful levels*. And what's just as important is the effect is long lasting!

Furthermore, the technique lowers the oxygen in your veins at the same time, which indicates a dramatic increase in the release and consumption of oxygen as a result of treatment. The larger the difference between the pressure of oxygen in the arteries and veins simply indicates greater oxygen release and consumption by the cells.

Multi-step therapy is surprisingly simple. All it involves is breathing high levels of oxygen while exercising. The higher oxygen level in the lungs creates a greater head of pressure to drive oxygen into the pulmonary capillaries. The exercise moves the circulation much faster, ensuring a greater oxygen carriage. Initially, the oxygen pressure in the veins rises, as more oxygen is getting through to the venous side, but it is this oxygen that allows the capillaries to repair the transfer mechanism. Once the mechanism is fixed, more oxygen can diffuse through the capillary wall to oxygen-thirsty tissues.

Typically, the multi-step therapy consists of an 18-day, 36-hour program. First, a drug-nutrient combination is orally administered 30 minutes before the exercise starts. The combination consists of 30 mg of thiamin (vitamin B1), 75 mg of

How to Prevent the Sun From Aging Your Skin

Getting out in the sun is very important. It helps your body produce vitamin D, a crucial nutrient you need more and more as you grow older. The only problem is the sun can also cause your skin to age. Nobody wants spotted, leathered, and wrinkled skin. So how can you get the vitamin D you need without the sun damage?

It's easy. Simply stay in the shade. You don't have to be in direct sunlight to get its benefits. If you have to be in the sun, make sure you're heeding the advice given in this report.

Dipyridamol (the prescription drug Persantine), and 100 mg of magnesium orotate. These agents help the uptake and utilization of oxygen.

Thirty minutes after taking the combination, you begin exercising while breathing oxygen using a mask and storage balloon at a flow rate of four to six liters per minute. This lasts two hours each day for 18 days, giving you a total of 36 hours of therapy time. Every 20 minutes during the two-hour treatment period, the individual pushes the exercise to a comfortable maximum, which enhances cardiac output and oxygen delivery to the needy areas. This procedure is probably best supervised by a doctor, though this is not entirely necessary.

A simpler modification, called the quick technique, uses the same procedure (including the drug-nutrient combination), but instead of two hours, you do moderate aerobic exercise for only 15 minutes while breathing pure oxygen at 10 liters per minute. Some combination of the two techniques might be the most effective method.

The effects of this treatment are far reaching for virtually every conceivable human condition. Not that this is a cure for anything, but by improving delivery of the most important substance for tissue life and repair, the body will have a much better opportunity to correct any problem.

Emphysema, for example, can definitely be assisted, but ongoing sessions are necessary since the transfer mechanism is severely compromised by loss of tissue due to the emphysema. All circulatory disturbances can benefit, including high blood pressure. The development of cancer also may be inhibited. Otto Warburg won the Nobel Prize years ago for demonstrating that cancer functions in an oxygen-poor environment.

There are also reports of excellent results in eye problems, including cataracts (this is understandable, since the lens of the eye is known to be oxygen-deficient already). Other illnesses that benefit from multi-step therapy include: senility, arthroses (joint disturbances), liver and internal organ disturbances, infections, radiation exposure, late effects of strokes, poisonings and burns, and stress.

Oxygen multi-step therapy is definitely something you can do in the privacy of your home and very inexpensively. And it may be the most dramatic single thing you can do to prevent disease and restore health. Now you have the tools to turn back the aging clock in your circulation to youthful parameters in just a few weeks.

To get medical-grade oxygen, you'll need a prescription, so I suggest you find a doctor who is a member of the International Oxidative Medicine Association (IOMA). These doctors are aware of this therapy and know the value of increasing your body's use of oxygen as you age. They can give you a prescription for the oxygen tanks. Contact IBOMF for a list of doctors (see page 10 for contact information).

If you're interested in doing the 18-day program, you can use an oxygen concentrator, which is available from most medical supply houses. Check with them to see if your state requires a prescription. Oxygen concentrators are more expensive up front (well over \$1,000) than oxygen tanks, but you'll save money over the long haul because you don't have to refill the tanks. Shop around (and don't forget to check the Internet) to

Vitamin A Helps Reverse Skin Aging

Vitamin A, revered for its eye protection and immune stimulation (among other things), now appears to have a stellar role in preventing or reversing skin aging, according to a new study. Part of the normal process of aging involves increasing levels of an enzyme system in the skin called metalloproteinases. These enzymes have the ability to actually break down the precious collagen that holds the skin tight and gives it its thickness.

Ultraviolet photo-aging of the skin also develops with higher levels of these enzymes and reduces collagen synthesis. The researchers who conducted this study investigated a topical one-percent retinol (natural vitamin A, not beta-carotene) that, after just seven days of treatment, increased collagen synthesis and collagen-making cells, and reduced levels of the degrading enzymes. The benefits were seen in both photo-aged skin and normally aged skin.

Action to take: This may be something to ask your alternative physician about. I have always been a fan of real vitamin A, in most cases, rather than beta-carotene. Other studies have shown vitamin A can, in combination with folic acid, reverse precancerous changes in epithelial cells (the cells that line the blood vessels). These topical preparations are available at most compounding pharmacies.

Ref: Varani J., R.L. Warner, M. Gharraee-Kermani, et al. *J Invest Dermatol*, 2000;114:480-486.

find the best deal. The concentrators will not work for the quick program, as they don't provide enough pressure. You need a minimum of 10 liters per minute with 100 percent oxygen for the therapy to be of any use, and the concentrators usually max out at five liters per minute and are typically a little less than 100 percent oxygen.

Many people have asked me if they can use the commercial-grade oxygen found at their local compressed-gas supply house because it's cheaper and they can get it without a prescription. While I've known people to use this successfully without any problems, they purchase their oxygen from supply houses that *use the same source* (meaning the supply house uses the same compressor and filter) for the commercial and medical-grade oxygen. I've been assured by the suppliers in my area that the oxygen is taken from the same source, but not all supply houses do so. When the commercial oxygen is taken from the same source as the medical grade, there is no difference between the two. While this is a very safe option, as a doctor, I'm prohibited by law from prescribing it. Federal law also prohibits me from using commercial-grade oxygen for any medical purpose. And whoever you get your oxygen from, make sure you get and read all the safety precautions associated with handling oxygen.

The thiamin and magnesium orotate can be acquired from health food stores. The dipyrriamidine (Persantine) would have to be obtained

through prescription, but appears not to be an absolute essential (ask your IOMA doctor about it). Acquisition of an exercise machine (a treadmill or exercise bike will work just fine) takes a little effort and money, but you probably should have one of these anyway.

The quick technique is so easy and time efficient and may suffice for those in relatively good shape who want to practice prevention. For those with more significant problems, the 18-day, 36-hour method may be best. For those even more impaired, it would be most advisable to consult with a physician familiar with oxygen therapies. A graded exercise program perhaps beginning with nothing more than lifting a few pounds can be easily devised together with oxygen to begin the transforming process. Combining with either ozone or photooxidation might make the results faster and more dramatic, especially in more chronic cases, but that requires a doctor skilled in these techniques, also preferably one familiar with IOMA's teachings.

As Paul Harvey would say, "and now you know the rrrrrrest of the story." Oxygen multi-step therapy is a monumental breakthrough that can benefit nearly everyone and is easily administered in your own home.

To find a doctor skilled in these therapies, contact International Bio-Oxidative Medicine Foundation at 1015 Waterwood Pkwy., Suite G, Box H2, Edmond, OK 73034, 405-478-4266. Send a written request and \$5.00 for the doctor list.

Carnosine: The New Anti-Aging Supplement

Amino acids are important building blocks of the human body and are now becoming more prominent in medical therapy. I've previously discussed in the pages of *Second Opinion* the amino acids l-carnitine, l-tyrosine, l-lysine, and many others. Now there's a new amino acid on the block that could be the granddaddy of them all, at least that's how it's being promoted.

The amino acid is called l-carnosine or simply carnosine (don't confuse it with carnitine). Scientists have known about carnosine for over a hundred years, but it wasn't until the last decade or so that its anti-aging properties have been studied to any great extent.

Carnosine is a di-peptide (that's the scientific way of saying two amino acids, alanine and histidine, rolled into one) that's found naturally in muscle and brain tissue, but it can also be found

elsewhere in the body.

The concentration of carnosine found in muscle and brain tissue decreases with age, as do so many other nutrients, so supplementing with carnosine as you age is terribly important.

You know that I'm not one to believe one single nutrient can reverse the aging process, but some of the findings on carnosine are pretty impressive. I've yet to see all the evidence behind the claims, so I'm a little cautious about saying carnosine is the new wonder nutrient. I do think some of the claims are a bit exaggerated, but that doesn't mean I'm down on carnosine. Quite the contrary, in fact. Many of the problems listed below will benefit greatly from carnosine supplementation, others may not. Here are some of the claims being made about carnosine:

Prevents cataracts: Animals who suffer

from cataracts were found to have low levels of carnosine in their lenses. The more severe the cataract, the lower the concentration of carnosine. Some animals had lower rates of cataracts when given carnosine supplements. Does this translate to cataract prevention in humans? The jury is still out, but as safe as carnosine is, it's definitely worth a try.

Reduces gastric ulcers: I'm not convinced of this claim yet. We know that ulcers are caused by infection, and I've yet to see anything to persuade me that carnosine can deal with ulcers better than antibiotics or, better yet, photoluminescence. Some research has shown eye drops of carnosine help heal eye ulcers (caused by herpes) and bacterial infections, so it's definitely possible it would have the same effect on gastric ulcers. Again, it's worth trying.

Prevents cancer: This is probably the grandest claim made about carnosine that has the least science behind it. It's possible, but I'm not comfortable supporting this claim yet.

Boosts immunity: This is one claim I can believe. Carnosine has a tremendous effect on the growth of immunocompetent cells, so it would follow that the immune system would respond favorably to carnosine supplementation.

Reverses skin aging: Because of carnosine's affect on the cells — it extends the life span of cells, meaning cells can continue to divide and remain healthy longer — the skin benefits greatly. One study found that carnosine increases the life span of skin cells by more than 65 percent. As you age, the connective tissue cells in the inner layer of skin dwindle significantly due to the

inability of the cells to divide. This leads to inelasticity, wrinkles, and poor wound healing. The skin that covers your body isn't the only skin that experiences this part of aging. Every organ in your body is covered by a type of skin, so if carnosine does in fact benefit skin, you can be sure it helps prevent aging throughout the body.

Prevents Alzheimer's and memory loss: Of all the claims made about carnosine, this is the one I find to be the most believable and the most beneficial. A major cause of memory loss is oxidative stress to the brain cells. The damage brought on by the oxidative stress can cause major cellular dysfunction, resulting in memory loss. Carnosine is able to prevent oxidative damage by suppressing this oxidative stress.

Action to Take

(1) If half the claims about carnosine are true, it could be the next super-nutrient on the block, right up there with CoQ10, magnesium, vitamin D, and a host of others. For now, though, I suggest you don't go overboard on supplementation. You can find 50 mg tablets at most health food stores, so stick to one tablet each day if you're healthy.

(2) If you want to take more, you shouldn't experience any negative effects, but I'd work with your doctor on dosages higher than 100 mg. Some people are saying you need to take as much as 500 mg to get the real benefits of carnosine. This may be true, but at this point we just don't know for sure. If you think you need to go this high, talk to your doctor before jumping in.

While in the Sun, Use a Sunscreen!

When summer's heat approaches and outdoor activities increase, store checkout displays fill up with sunscreens. There are oils and lotions; scented and unscented; brands promoted by bikini-clad models and brands touted for their moisturizers — the choices are endless. But for consumers wishing to avoid sunburn and overexposure to cancer-causing ultraviolet rays, one factor — the sun-protection factor (SPF) — is crucial.

Medical professionals routinely advise consumers to use a sunscreen with an SPF of 15 or more. These sunscreens have already been proven to prevent sunburn and swelling. Now researchers have proof that these sunscreens may prevent some forms of skin cancer. Unfortunately, a potentially

deadly skin cancer, melanoma, is not one of them.

Researchers found that regular use of sunscreens prevents the development of solar keratoses — skin lesions caused by the sun that greatly increase the risk of, or can lead to, skin cancer. Researchers monitored 431 people with solar keratoses. Half were given sunscreen to apply daily to their heads, necks, forearms, and hands, while the other half were given a cream without sunscreen. At the end of seven months, the number of lesions decreased by an average of one-half per person in the sunscreen group and increased by an average of one per person in the non-sunscreen group. Members of the sunscreen group were 40 percent less likely to develop new

lesions and about one-and-a-half times more likely to have their lesions disappear.

The researchers, who reported their findings in the *New England Journal of Medicine*, discovered that both the number of new lesions and the probability of remission were affected by the amount of sunscreen used — better results correlated with the use of more sunscreen. This means that if you're spending hours outdoors, you will want to reapply sunscreen. Don't depend on one application. These researchers concluded that health officials should continue to recommend the use of sunscreen to reduce the risk of skin cancer.

That was also the conclusion of the commentary that accompanied a January 1994 study. The authors of the commentary stated that regular use of sunscreen with an SPF of 15 during the first 18 years of life can cut the lifetime incidence of non-melanoma skin cancer by 78 percent.

The bad news was the finding of the study itself: Sunscreen may not provide protection against melanoma, the most serious form of skin cancer. The study, which appeared in the *Journal of the National Cancer Institute*, found that mice exposed to ultraviolet rays developed melanoma tumors despite being treated with sunscreen. While this does not negate sunscreen's benefits,

the researchers suggest that sunscreen use could actually accelerate the onset of melanoma by giving people the false impression that staying out in the sun for long periods of time is safe. This enables people to endure longer sun exposure, and ultimately more exposure to ultraviolet rays.

So where does this leave you? You can now rest assured that using a sunscreen with an adequate SPF will provide protection against premature aging caused by sun exposure, sunburn, and some forms of skin cancer, but you must remember that this protection may not always be adequate. Try to avoid prolonged exposure to the sun, particularly between 10 a.m. and 2 p.m., when its rays are most intense. When you must be in the sun for an extended period of time (long enough to get a sunburn), apply a sunscreen with an SPF of 15 or higher and wear clothing that is tightly woven, not sheer. Protect your face and eyes with a wide-brimmed hat and sunglasses.

What's most protective against skin cancer is a sunscreen that includes antioxidants, like vitamins C, E, and beta-carotene. One antioxidant sunscreen is Oxy Screen, which contains all three. It is distributed by Ecological Formulas in Concord, California.

People's Medical Society

Inactivity Can Cost You Years

Ideally, the human body should last in the neighborhood of 120 years. But due mainly to inactivity, many of us begin to hasten the aging process as well as to pare down the number of years in our lives very early after our arrival on earth. And in the end, we wind up with a figure far below the one we were capable of reaching had we taken better care of ourselves.

For example, studies show that coronary-artery disease (affecting the arteries that transport blood to the heart muscle) is two times more prevalent among inactive than active people. Studies also show a connection between inactivity and illnesses such as diabetes, ulcers, high-blood pressure, and emotional problems brought on by stress and anxiety.

These days, with the proliferation of health and fitness books and magazines, more people than in the past know how invaluable regular workouts are for older persons. They know that strength, endurance, flexibility, coordination of movement, and seemingly unlimited energy, all of which are

taken for granted when we are young, gain ever greater importance as the years pass by if we wish to be self-reliant for as long as possible.

So time does exact a toll on us in the long run. Nevertheless, regardless of what the calendar says, many of the undesirable effects usually inflicted upon us by the ravages of time can be postponed, reversed, or prevented through proper exercise.

Case in point: As a rule, the body's ability to receive and circulate oxygen decreases about one percent yearly after the age of 25. But many older adults have found that diligently performing an aerobic activity, such as walking, has assisted in heightening the amount of oxygen their body uses, has enhanced their heart's working capability and, thereby, has raised their blood supply. Others have found that along with improving their looks by holding back the years, exercise has also improved their mental faculties, as well as their capacity to put their bodies in motion — to get out of bed and move around unassisted.

10 Minutes to Healthier-Looking Eyes

You don't always have to resort to surgery to make your eyes look younger. Many times, a little effort at home can go a long way.

Of course, the first rule for healthy looking eyes is to stay as healthy as possible. The healthier you are inside, the more it will show on the outside.

Most women do a basic skin-care routine in the morning and evening. Once you've finished your routine, add some extra around your eyes. This is the first step.

Then, throw out your commercial toner. Most toners are alcohol-based and will dry out your skin rather than moisturize. Instead, simply splash tap or ice water on your face after it's cleansed. The purpose of a toner is to enhance skin tone. Cold water does this by closing pores and tightening the skin.

I also suggest using a little Vaseline with some vitamin E mixed in for an eye cream. Vitamin E is an especially important wrinkle fighter. A recent study proved using creams containing at least five percent of this vitamin reduces crow's feet by over 50 percent. Apply the Vaseline/vitamin E combination twice a day. In addition to using it topically, I suggest you take 400 milligrams internally twice a day. Avoid the dl-alpha tocopherol and use d-alpha tocopherol instead. It's natural, not synthetic.

I also suggest you try the following:

Eye Energizer

To give tired-looking eyes a quick lift, lie down, close your eyes, and place cold cucumber slices or cold, damp tea bags over them for 10 to

20 minutes. To save time, do this while you are doing another laying-down activity, perhaps meditating, resting, napping, or soaking in the tub. One of my favorite spas, Dr. Wilkinson's Hot Springs Resort in Calistoga, California, puts cucumber slices over your eyes while you sit in their mud bath. If you opt for tea bags, cheap, used ones (non-herbal) are best because they have the highest amounts of tannic acid, which rejuvenates the eyes.

Eyebrow Pushups

One of the main culprits of wrinkling on the forehead and between the eyebrows is frowning. This exercise builds up the set of muscles that work in the opposite direction of frowning, helping improve overall muscle tone in this area. In addition to reducing frown lines between the eyebrows, this exercise can raise eyebrows and diminish upper eyelid drooping.

To do this exercise: Simply lift eyebrows as high as possible. Do this slowly, hold for 10 seconds, then release slowly. For added resistance, place the inside of your index fingers over the eyebrow to apply counterpressure as you move the eyebrows upward. Try for 15 repetitions.

An Important Nutrient for Your Eyes

Scientists have discovered a high level of the antioxidant called glutathione extends the life of your cells, which helps your skin look younger, especially around the eyes where the wrinkles tend to start. I suggest you take 25-100 mg of l-glutathione. You should be able to find it in most health food stores.

Nature's Cholesterol "Drug"

There seems to be no end to the media and government scare tactics regarding cholesterol levels and heart disease risk. My office is flooded with phone calls and sometimes my appointment schedule is filled with frightened people.

The worry has spilled over even to my own family. In spite of years of my patient teachings, my family members are nervous when the doctor raises the issue. First it was my mother, and now in the past few months, my brother Alan became highly concerned. Alarmed by the pronouncement made by their doctor and sheepishly ready to follow the piper to his Promised Land. "I am sorry to tell you, your cholesterol is a bit high. I would like to start you on a statin drug, which will lower it (the Promised Land)."

No doubt you have seen and heard the commercials, and you, too, might be scared. "Cholesterol kills!" warns the radio advertiser pleading with you to see your doctor to save your life. You can almost feel him clutching his chest. There's no doubt this fear-based campaign is paying off for the drug cartel. Millions are being led to the Promised Land of cholesterol controlled by statin drugs, safely assured that they have lowered their risk of heart disease.

My mother was no exception. Having started Lipitor, at her doctor's urging, she did see her cholesterol level go down on the drug. There was never any mention of diet, exercise, or known effective alternative modalities, despite the AMA's code of ethics requiring them.

Most of my patients, after starting the drug because of the brainwashing from their conventional physician, call for my opinion. Unfortunately, it's quite a challenge to undo the cholesterol lecture they received. And, in the case of family members, the challenge is even greater.

Unfortunately, for the millions being treated with statins, cholesterol dangers are largely a myth. When cholesterol deposits were found in diseased arteries, medical pundits naturally assumed the cholesterol was responsible for the disease process. Please forgive the following analogy, but I use it to make the point. Were the dead soldiers at Gettysburg responsible for the Civil War? One might think so since they lay all over the battlefield. Heavens, no, they were not anymore respon-

sible for the war than cholesterol is for heart disease. As the political process developed, the soldiers were ordered to the battlefield. Antecedent events led to the presence of soldiers on the field. Similarly, it's not cholesterol itself (like a soldier) that's responsible for the "war" in the arteries, but rather how the body handles the cholesterol.

It's true that the overall mortality drops as cholesterol falls to 180-190. (And if the number of available soldiers were less at Gettysburg, there would have been less dead bodies on the field.) However, as cholesterol drops past this range, the overall mortality rate rises. Furthermore, *the majority of heart attacks in this country are incurred by people in the "normal" range.* This latter tidbit should give the cholesterol pundits pause to reconsider their teachings. (I currently see one 67-year-old woman with cholesterol levels over 800 with no signs of vascular disease or hypertension whatsoever!)

Protective nutrients found in the diet and supplements I recommend protect cholesterol from oxidizing and becoming a gun-toting soldier. Naturally lowering elevated cholesterol reduces the impact of oxidative damage. Thus, lowering the total cholesterol *by natural means* has plenty of merit in my book.

But the authorities have become hell bent on seeing that 30-49 percent of the population use cholesterol lowering drugs (even for levels under 230), in the unproven belief that fewer people will die with lowered cholesterol.

Guess what? At the American College of Advancement in Medicine semi-annual conference in the summer of 2002, a noted authority in the field demonstrated that it takes about \$8,000 per patient and 10 years of taking statins per patient to change the death toll! And the change was so small it was not even statistically relevant!

My purpose here is not to repeat past warnings regarding statin drugs. But I do want to remind you about this one thing: Statin drugs lower coenzyme Q10 levels. This nutrient may be the single greatest protector against heart failure, mitochondrial damage, and premature aging. So using statins may be a trade-off for lower cholesterol levels and minor heart disease risk, but increased irreversible premature aging to the heart

and the rest of the body. I feel the reduction of coenzyme Q10, and suppression of immune function caused by statins explains the lack of net change in overall mortality. (*British Medical Journal*, 2000; 321, reported drug treatment with statins significantly reduced the risk for coronary artery disease deaths. *However, the overall risk for death was not significantly lowered by use of the drugs!*)

Once drugs are approved for use, they are still studied for long-term effects. Do you want to be part of the current test population to find out your heart was spared while your brain and other organs aged? I, for one, do not. And that brings me to the reason for this report: There's a new and far, far safer method to lower cholesterol for those not willing or able to make dietary changes or get exercise.

I'm not a big fan of sugar, as it causes all kinds of health problems. Yet the source of sugar — sugar cane — is also the source of one of the most powerful, naturally found cholesterol-lowering nutrients yet discovered (but you won't find it in sugar itself). So it makes sense, then, that the research about this substance, policosanol, is pouring out of a nation famed for sugar-cane production: Cuba!

Policosanol is a mixture of fatty *alcohol* molecules (in contrast to fatty acids) extracted out of sugar cane wax. The more well-known supplement octacosanol is its cousin. Groups of researchers in Cuba have conducted detailed studies on policosanol's properties on thousands of research participants. The findings are indeed startling. If you have not already questioned the motives and sincerity of the American pharmaceutical industry, by the time you are done reading this summary, you will. Seems this is just another example of government health officials, charged with protecting the people, collaborating with the drug cartel in promoting drug manipulation of cholesterol (or hypertension), while ignoring exceedingly safe and effective remedies such as policosanol.

The Cubans studies involved thousands of participants. Some of the studies were "gold standard" randomized, double-blind, placebo-controlled studies. Here is just some of the data:

In doses of just five mg twice daily, policosanol significantly lowered total cholesterol by 16 percent and the very dangerous low-density (LDL-C) form of cholesterol by 22 percent.

(LDL-C is the form of cholesterol most subject to the dangerous oxidation.) Triglycerides were lowered by 16 percent. Beneficial high-density cholesterol (HDL-C) went up 14 percent and results were maintained over a year or more! (Few therapies of any kind are known to reliably raise the protective HDL-C levels.)

Now, if these figures do not impress you, just look at those figures in comparison to a leading statin drug, Lovastatin. At 20 mg per day, Lovastatin lowered LDL-C by 27 percent, total cholesterol by 20 percent, but had no effect on HDL-C! Policosanol also was superior to Probucol (500 mg twice daily) in type-2 diabetics in these same lab parameters. It tested equivalent in lipid improvement to Simvastatin (10 mg) in the elderly and was superior to Pravastatin (10 mg). In patients who had diabetes, policosanol lowered total cholesterol by 29 percent and LDL-C by 44 percent.

The Cubans were careful to look at the effect of polycosinol on the elderly. They even used lower doses for the aged, unlike the one-dose fits all mentality of our drug cartel. (The one-dose mentality leads to major drug complications in the elderly!) Administration of just one mg policosanol dropped total cholesterol by 16 percent in a group of 26 patients (mean age 73 years), over 24 weeks. Ten mg daily was only modestly more effective, lowering total cholesterol by 22 percent. The placebo group (no supplement) saw its total cholesterol rise by five percent over the same period. Over another half year, effectiveness of the supplement remained and there were no adverse effects reported at all!

Speaking of adverse effects, the Cubans studied a population of nearly 28,000 patients taking policosanol for at least one month and followed them for two to four years. Only 86 patients (0.31 percent) reported any adverse effects, the most frequent being weight loss (and that's probably desirable).

The story gets even better. In patients with cerebral brain blood flow disturbances, improvements in functional doppler-ultrasound blood-flow measurements were noted. Twenty-two patients with cerebral flow disturbances taking five mg policosanol twice daily were compared to 11 taking a placebo. Although the results were not statistically significant in the small study, policosanol seemed to actually improve the obstructed flow in the treated group.

Statin drugs have been touted as an effective means to prevent arterial endothelial cell damage. A study in rabbits concluded that policosanol is superior to Lovastatin in protection of these critical cells. And if the effects on cholesterol and endothelial cells are not good enough, 10 mg of policosanol reduced platelet aggregation (clotting tendencies) as well as 100 mg of aspirin. Of course, the aspirin had toxic effects occur in its group, while there was no such problem in the policosanol group. Platelet aggregation is a well-accepted contributor to atherosclerosis. Another animal study confirms the ability of policosanol to reduce clot mass even once the clot has already developed.

Regarding toxicity, the Cubans did conduct exhaustive studies of policosanol in animals. These studies far exceeded studies required for FDA-approved drugs, which usually are limited to only one generation and possibly to observation for birth defects in the next generation. Throughout three successive generations of rats fed policosanol up to an equivalent adult human dose of 35,000 mg per day by stomach tube, no deleterious effects were noted in fertility, reproductive performance, or development. I do not recall ever seeing such work done on any petrochemical drugs throughout three successive generations, and just consider the massive dose of policosanol that was found to be safe!

And the final bit of terrific news for men is this: Unlike the effects of many classes of drugs, this supplement had *no detrimental effects on sexual function*.

One of the great pitfalls of modern chemical medicine is evaluation of the endpoint. American drug approval studies most often look at one target parameter such as suppression of the target symptom or change in laboratory value (cholesterol level). They ignore the total long-term effects comparing the benefit and the detriments of using the drug (hence the *British Medical Journal* report cited above).

The Cubans did us one better. In a study of over 6,000 patients followed over two to five years, policosanol was administered at doses from five to 15 mg per day. The population of patients included persons who suffered from hypertension, arthritis, asthma, ulcers, diabetes, and vascular disease. The untreated control group had more events requiring hospitalization and symptoms needing medical attention. The frequency of coronary events was three times greater in the control

group than at the start of the study, whereas the policosanol-treated group saw no increase in coronary events. When we treat mild and moderate hypertension with drugs, *the all-cause mortality rises*, even though the blood pressure falls. This effect has not been seen with the use of policosanol.

The research suggests that policosanol induces these remarkable effects in a novel and different manner than statin drugs. It specifically stimulates the liver cells to take up and safely metabolize and lower the blood concentration of the dangerous LDL cholesterol. Additionally, it has been shown in laboratory animals that policosanol:

- inhibits lipid (fat) peroxidation (the first step in atherogenesis),
- inhibits foam cell formation (toxic cells full of oxidized lipids that appear in diseased arterial walls, an intermediate step in atherogenesis),
- inhibits smooth muscle thickening of the arterial wall (a later step in atherosclerosis).

Dosage effectiveness begins at a low 5 mg per day and increases up to 20 mg daily; higher doses do not produce additional effects. The results of treatment improve the longer policosanol is administered. Twenty mg once daily seems to be the most convenient, efficient, and effective form.

Folks, if you or your friends have been terrorized into believing statin drugs are good because they lower cholesterol, this information should be most welcome news. Policosanol has shown equal or greater effectiveness in lowering cholesterol and its dangerous subgroups while raising levels of the beneficial HDL-C subgroup than statin drugs. It has demonstrated an unrivaled safety profile.

This is the stuff the universities, government and press should be touting for the "cholesterol problem." (They would be if it were a patentable drug.) But if you think that will happen with a non-patentable, nutritional supplement that cannot make bazillions in profits in the first six months, think again. Therein lies the terrible tragedy of the current American medical paradigm.

Policosanol is available from several outlets. Life Extension provides policosanol (10 mg each, twice daily) in bottles of 60 (800-544-4440 or www.lef.org). And a visit on the Internet to www.strokedoctor.com will lead you to a once daily policosanol 20 mg product (30 tablets).

Never Get Alzheimer's

Natural Ways to Safeguard Your Brain

*I can live with my bifocals
and my bowels in a bind.
I can handle all the wrinkles,
but I sure do miss my mind!*

Author: I forget

That about sums it up. There are two things most of the elderly fear: dying in pain and dying as an unconscious imbecile.

In people over 50, there are only a few basic causes of brain and or mind degeneration, but the symptoms can be as varied as the billions of cells and pathways in your brain. (Compared to your brain, a computer is as simple as a child's erector set.) These causes are chemical (industrial, drugs, dehydration, etc.), traumatic (boxers for example), infectious, atherogenic (which may be chemically or nutritionally induced hardening of the arteries), degenerative, and hereditary. We must also mention tumorigenic — the first sign of a brain tumor might be memory loss. And if you live long enough, your brain will almost certainly shrink. Can that be avoided? — I don't know.

The symptoms of a diseased brain can vary from personality changes (appearing in public wearing nothing but a hat would be an extreme example) to paralysis and, the subject of this report, memory loss. Loss of memory can be due to acute or chronic chemical poisoning. Methyl alcohol ingestion would be an example of a cause of acute memory loss. Another cause of memory loss is chronic fluoride poisoning from your drinking water, which causes years of accumulation of the fluoride poison in the brain.

We have treatments now for these chronic poisonings when they are metallic, such as mercury, iron, and lead. If you have any mercury fillings, they should be removed by a dentist who works closely with a doctor who understands this special area of clinical toxicology. It's not just a matter of yanking out the mercury fillings. You should first be tested with a known delivered amount of intravenous DMPS one time only. While it does not cross the blood-brain barrier, it's a very effective agent in helping you deter-

mine if you have elevated levels of mercury in your body. I can assure you, if you have elevated levels of mercury in your body, there will be plenty in the brain, since it is the organ with the strongest affinity for this toxic metal.

If your test is positive, you should have all the poison placed in your teeth by previous dentists carefully removed by a forward-thinking dentist familiar with the protocol for safe removal. During which time, your knowledgeable alternative medicine physician can place you on nutritional supplements to encourage mercury elimination and the powerful oral mercury chelator DMSA. We are fortunate to have DMSA since it crosses the blood-brain barrier to remove mercury from the brain, and may actually lower brain lead and mercury levels even with filling removal pending. This may help you get your memory problem turned around.

Is Alzheimer's Preventable?

What most people don't realize about Alzheimer's is that the disease is a relative newcomer to the medical scene. That's because Alzheimer's is most likely caused by some modern dental products and water-treatment plants.

If that sounds preposterous to you, I can understand. We have been taught so effectively that fluoride is good for our teeth, that we forgot to look at the fact that fluoride is a poison (if you don't believe me, look at the warning on the back of your toothpaste). But even worse, we have been told that treating our water supplies with aluminum was harmless. And we bought it. Now we have to pay the piper.

The Lancet released a report in April 1996 implicating aluminum as the toxin responsible for this modern epidemic: "Ingestion of aluminum hydroxide was implicated in the accumulation of aluminum in the brains" of patients showing "Alzheimer-like neuropathic changes."

The report added: "Concentration of aluminum in the brain was related to the duration of treatment with, and the amount of, aluminum

hydroxide prescribed.... These findings are consistent with a role for aluminum in the development of Alzheimer-like pathology in patients subjected to prolonged aluminum exposure.”

The Dangers of Aluminum

Don't believe me that aluminum is dangerous to your brain. Then why have the water authorities in England reconsidered their policy of using aluminum in the water purification process? And why has Australia's biggest city, Sydney, weaned its citizens off aluminum-treated water due to concerns about the link between aluminum and Alzheimer's?

Why are these countries reversing their long-held public policy? Because aluminum deposits are almost always found in the brains of people dying from Alzheimer's. Aluminum is not a nutrient — there is no “minimum daily requirement” — it is highly toxic to all living things.

Back in 1989, Dr. Christopher Martyn of Southampton University (England) examined tap water from 95 different areas and found that the risk of contracting Alzheimer's increased with the levels of aluminum in water.

About 100,000 tons of aluminum are added to the water supply in England to remove acids and discoloration. Water supplied to more than three and a half million of the British people exceeds the recommended level set by the European Community.

Although the water industry is being forced to take notice of this extremely serious situation, they still say that there is “no reason for people to become alarmed and believe they must stop drinking tap water.”

So What Can You Do to Avoid Aluminum?

There is simply too much weight of evidence to ignore the aluminum/Alzheimer's link. Fortunately, with a little effort, you can avoid most aluminum contamination. Here's how:

1. Throw out all of your aluminum pans, including the alloys. A salesman may tell you that mixing the aluminum with other metals makes it safe, but what metallurgy school did he go to? No one knows the answer on the alloys, so avoid them.
2. Avoid toothpaste that contains aluminum.
3. Avoid antiperspirants and deodorants containing aluminum.

4. Don't drink city water. It is often “clarified” with an aluminum product.

5. Avoid antacids containing aluminum.

6. Read the label on everything you buy. Check your baking powder, for example. You may get some surprises. (For instance, Morton's salt contains aluminum.)

7. Don't drink soft drinks that come in a can. Soft drinks are acidic, so you're probably ingesting a lot of aluminum with each can. Besides, you shouldn't be drinking those soda concoctions, anyway.

Remember that once you get loaded with aluminum, there's no known way to quickly get it out of your body; you're stuck with it. Chelation is your only hope. But the trouble is, it doesn't work fast enough on this particular metal.

The Effects of Fluoride on Your Brain

Aluminum isn't the only contaminant in your water you have to worry about. There is now strong evidence that fluoride is destroying the brains of Americans.

Researchers from the Department of Toxicology, Forsyth Research Institute, the Department of Pediatric Dentistry, Eastman Dental Center, and the Veterinary Diagnostic Laboratory, Iowa State University have combined their talents to produce a truly shocking and devastating indictment of fluoridation. They have confirmed the public health malpractice and quackery that I and others have been warning about for years.

The researchers reported on the work of Chinese scientists who had studied the effects of fluoride on the central nervous system in humans. Their first finding was that a fluoride dose of only three to 11 parts per million could affect the nervous system directly, long before the effects of skeletal fluorosis (a bone disease caused by fluoride) became apparent.

This dosage is well within the range of fluoride received by millions of Americans, especially our children. Toothpastes contain 1,000 to 1,500 parts per million of fluoride. (Studies have shown that young children swallow a great deal of the toothpaste they use because it's sweet.) The same is true of the mouth rinses that contain 230 to 900 parts per million fluoride. These massive amounts of fluoride are in addition to that found in most municipal water supplies, cola drinks, and any other commercial beverage, topical application

gels, dietary supplements, and your everyday food. Compare those intakes with the Chinese finding that a mere three to 11 parts per million can directly affect your nervous system and you will begin to see the enormity of the problem.

Another study by the Chinese found that feeding 100 parts per million fluoride to humans affected the attention span of the subjects. The American researchers decided to go further using rats, measuring their behavior, and then determining the blood and brain tissue levels of fluoride. Their results demonstrated “a link between ... fluoride exposures and behavioral disruption in the rat.”

Prenatal exposure resulted in “many behaviors as seen in drug-induced hyperactivity.” While weanling and adult exposures led to changes similar to “cognitive (thinking) defects” seen in humans.

This landmark study is the first in the West to demonstrate that (1) CNS function is vulnerable to fluoride, (2) the effects of exposure depend on the age of the animal, and (3) *fluoride accumulates in brain tissue*, which means, although the authors didn’t say it, that fluoride poisoning could be the root cause, in conjunction with aluminum, of Alzheimer’s.

The authors concluded that fluoride poisoning, at the “acceptable levels” of your benevolent health department and your dentist, “can be indicative” of motor dysfunction, IQ deficits, and learning disabilities in humans.

Aluminum + Fluoride = Alzheimer’s?

There have been many attacks against the bottled water industry in the past few years, including an exposé on “20/20.” All of these “debunking” reports claimed bottled water was no better than the water that comes out of your kitchen faucet. In fact, they said, as bottled water did not contain chlorine as a disinfectant, you were more likely to contract some terrible disease, such as typhoid or cholera, from drinking it.

What all of these reports carefully avoided is that almost all of the water in the U.S. is dosed with fluoride, aluminum (in the form of “alum”) and, of course, chlorine. Any or all of these chemicals may be the cause of, or at least a contributing factor in, the development of Alzheimer’s disease.

One thing you probably didn’t know is that fluoride may actually promote the absorption of aluminum. Most fluoride in nature is found bound

with aluminum. Thus, they have a high affinity for each other. Imagine how happy the aluminum you’re exposed to will be to find its beloved fluoride calling for it from inside the brain.

It has been recommended that one take antioxidants, such as vitamins C and E, to counteract the chemical stew coming out of your faucet. But, unfortunately, most preparations of these vitamins are not in a form that is absorbed into the brain in high enough concentrations to be effective.

While Isaacson is trying to determine “if we should worry,” I recommend what I have always recommended: A good (expensive) reverse osmosis filter attached to the incoming main pipe to your home or, second best, purchase a Doulton ceramic filter for your water faucet. If you can’t do either of these, use bottled water for all your drinking needs. If you drink bottled water, make sure you get an analysis of the water, which the water companies themselves are usually happy to provide.

Other Causes of Memory Loss

In addition to aluminum and fluoride, there are three other things that can cause Alzheimer’s and memory loss. The worst of these are many of the pharmaceuticals you take for your ailing body. If there’s been a sudden and noticeable drop in your ability to remember and think, ask your doctor if memory loss is one of the side effects of your medication. It just may be the culprit. But there could be other culprits:

A Simple Cause

One of the simplest and most overlooked causes of memory loss is dehydration. The average person’s body is made up of 60 percent water, but his brain is nearly 75 percent water. So when prolonged dehydration occurs, what do you think is one of the first things to suffer? Your brain, of course. And even minor dehydration can significantly impair your concentration, memory, and reaction time. With all the various beverages available on the market, today’s population isn’t getting enough water. Some of these beverages, such as soft drinks, coffee, and tea, can actually deplete your body of water. So make sure you’re getting at least eight glasses of water a day — more if you’re a large person or if you drink a lot of the above listed drinks.

It Could Be a Vitamin Deficiency

I said at the beginning of this monograph that the brain is an incredibly complex organ. Unfortunately, the cause of your memory loss could also be terribly complex. I strongly believe that with today's diet of starches and sugars, most Americans suffer from a myriad of vitamin deficiencies. That's why I think it's important to make sure you're taking a good multivitamin/mineral.

Fortunately, there are some nutrients that tend to be deficient in people with memory loss. These would include vitamins B₁₂, C, E, inositol, folic acid, choline, and niacin. I have seen numerous older patients perform much better taking injections of vitamin B₁₂, a critical nervous system nutrient which gets harder to absorb as we age.

Dr. George Meinig often speaks of a woman under his care who had to quit her job as a nurse because she couldn't remember when she was supposed to be at work. The lady began taking pantothenic acid and her memory returned and her gray hair went back to its original color. Now, I doubt you'll experience a result as magnificent as this, but it's a great place to begin.

Is It Alzheimer's or Hypothyroidism?

If you have a loved one who suffers from senile brain deterioration or Alzheimer's disease, there could be a whole new world of treatment waiting for you to explore.

A woman in late middle age became lethargic, stooped, and generally uninterested in life. While most doctors would have diagnosed this gentle lady with Alzheimer's, she actually suffered from hypothyroidism (low thyroid production).

Fortunately for her, an alert doctor did not assume that she had Alzheimer's disease, although she was precisely at the right age for its onset and looked like a "classic" case. After being put on a small dose of natural thyroid, "she was back at work, studying for an Open University degree, and riding her bike." And this is not a rare case. Hospitals, private homes, and nursing facilities are full of tragedies like this.

Another remarkable case of undiagnosed hypothyroidism was reported in *Discover* magazine, February 1988, by Dr. Oliver Sacks of Albert Einstein College of Medicine.

Best Food Sources of Choline

Choline is an essential nutrient necessary for brain function. It's indispensable as a precursor for neurotransmitters (brain and nerves communicating with muscles). Evidence also suggest its usefulness in the development of infant memory when taken during pregnancy, and that improvement in memory may not just be limited to the young, but extends to the old as well. It also participates as a mobilizer of fat in the liver and provides structure to cell membranes.

Interestingly, eggs are an excellent source. This is likely the main reason why, despite the cholesterol scare, eggs have never been shown to have anything to do with the development of cholesterol-associated atherosclerosis. The choline content provides a significant help in reducing any problem that the fat or cholesterol content of a food might cause. Remember, cholesterol is not the bad guy, it's how your body handles the cholesterol, and choline is one nutrient that facilitates normal and beneficial metabolism.

The FDA has allowed a new content claim for choline in various foods. Thus, I thought it might be beneficial for you to have the information:

Choline Content of Common Foods

Food	serving mg choline	serving*
Beef Liver	85 grams (3 ounces)	453.2
Egg,	61 grams (1 large)	345.0
Beef Steak	85 grams (3 ounces)	58.5
Cauliflower	99 grams (1/6 medium head)	43.9
Iceberg Lettuce.....	89 grams, (1/6 medium head)	28.9
Peanuts.....	1 ounce	28.3
Peanut Butter.....	32 grams (2 Tbsp)	26.1
Grape Juice.....	8 ounces	12.9
Potato	148 grams (1 medium)	12.9
Orange	154 grams (1 medium)	11.5
Whole Milk.....	8 ounces	9.7

* Converted from values compiled by Steven H. Zeisel, MD, PhD and included in Chapter 28, Shils M.E., J.A. Olson, and M. Shike. *Modern Nutrition in Health and Disease*, 8th edition, 1994.

Choline is an integral structural part of the nutrient lecithin. By the way, fish is also an excellent source of choline. With the richest sources being animal products, strict vegans could be at risk of deficiency.

“Uncle Toby” was a modern-day Rip van Winkle. He sat in a chair for seven years hardly moving. He was fed and watered like a plant.

Dr. Sacks, while on a house call, noticed Uncle Toby sitting in the corner and inquired as to his problem. The family said he had been that way since 1950 — out to lunch — in a deep freeze. He was just a piece of furniture that was rearranged occasionally.

Toby was admitted to the hospital and was found to have essentially zero thyroid function. His temperature was 68 degrees Fahrenheit! (Ninety-six degrees would be considered clear evidence of hypothyroidism.) After treatment and coming out of the deep freeze, Uncle Toby came to and had no awareness of having lost seven years of his life. Now THAT’S a memory loss.

Another case of hypothyroidism successfully treated by Dr. Sacks was misdiagnosed so badly that the patient had undergone psychiatric treatment, with tranquilizers, for 29 years.

Well-informed holistic physicians have been aware of chronic thyroid deficiency, especially in the elderly, for 40 years and have been treating it with cow- or pork-based natural thyroid. The uptown endocrinologists have always scoffed at this therapy. But a doctor who understands thyroid can often work miracles, even when the blood tests indicate that thyroid function is normal.

The nursing homes are warehousing many of these unfortunate, undiagnosed cases of hypothyroidism. And most doctors, even if they suspect a low thyroid in an elderly patient, will prescribe a synthetic hormone, called Synthroid, because the drug salesman told him that this ersatz form of thyroid was better (i.e., more pure, more predictable, more consistent, more effective, etc. — none of which is true).

But most hypothyroid patients never even get the opportunity to fail on the synthetic thyroid, as they don’t get treated at all. This is because most doctors don’t know how to test properly for low thyroid function. One needs to go “low tech” when testing for this disease. The expensive laboratory tests are not accurate enough to pick up subclinical cases of hypothyroidism. (“Subclinical” means the disease is there, but the doctor hasn’t been clever enough to make the diagnosis.)

A simple morning temperature test that you can do at home is better than all the fancy and expensive lab tests combined. Millions of dollars are wasted every year on thyroid tests that usually

don’t reveal a low-functioning thyroid unless you are half dead, like Uncle Toby. So many people drag themselves through life not getting thyroid supplementation that they desperately need because the doctors relied on inaccurate lab testing. Actually, the testing is accurate for what it is testing for, i.e., blood thyroid levels or antibody levels. The problem is that these high-tech tests don’t reflect the total metabolic picture as it relates to thyroid function. The reason for this is not known and isn’t even admitted by endocrinologists “Your laboratory tests are normal so you do not have low thyroid function. Would you like a psychiatric referral?” The fact that you feel dramatically better on the thyroid prescribed by your “alternative” physician is immaterial placebo effect.

To do the thyroid test, place a thermometer next to your bed (shake it down to 95 before you go to sleep). The next morning, put the thermometer in your armpit firmly and leave it there for three minutes. Lie still, because activity will raise your temperature and give a deceptively high reading. Do the test for a couple of days to confirm the readings. If the temperature is consistently 97.8 degrees or lower, you are thyroid-deficient. Women should do this test during the first two weeks of the menstrual cycle.

It is important that you go to a doctor who really understands how to use natural thyroid. It is more unpredictable than the synthetics because it is four times more potent and longer acting than the synthetic chemical.

What Else Can You Do?

DHEA and Memory: DHEA now appears to be absolutely essential for maintaining the health of humans — including your short-term memory. Brain tissue, under normal conditions, contains 6.5 times more DHEA than the circulating blood. Alzheimer’s sufferers have low blood levels of DHEA — 48 percent less than normal. Which is cause and which is effect? That is, does Alzheimer’s disease depress DHEA levels or does a low DHEA contribute to the disease? With DHEA and Alzheimer’s, we simply don’t know, yet. Obviously, it’s a good idea to take DHEA if you’re deficient.

I usually prescribe DHEA in the 20-50 mg range, but always base it on testing. Because it’s an active hormone, following blood levels is important, since one can overdo a good thing. The final dose should be determined by accurate test-

ing and your open-minded doctor. Talk to a doctor who understands DHEA and see what he recommends for you.

Pregnenolone: Pregnenolone serves your body in many, many ways, but the most exciting benefit is what it does for your tired old brain. Your brain is loaded with cholesterol — don't panic — that's good, not bad. The cholesterol is there to make neuro-hormones, especially pregnenolone, so that you can remember to take your vitamins. The pregnenolone concentration in the brain is many times higher than in the rest of the body.

It's not news to you — unless you have forgotten — that the number of brain cells you have diminishes with age and the amount of pregnenolone in the brain also decreases with age.

Can this sad situation be alleviated? Unless you have Alzheimer's disease or have been bonked on the head one time too many by your beloved spouse, the answer is a resounding YES! Hormonal replacement, with added chelation therapy, is working wonders. Large human studies on pregnenolone have not been done. But the small series of human trials, and the rather extensive animal studies on the effect of pregnenolone on mental function have convinced me.

Pregnenolone is quite safe. In 1945, a Dr. Pincus reported: "We have encountered no deleterious result ... in our studies involving several hundred men and women.... The substance is nontoxic."

It is difficult to give an exact dosage for pregnenolone, as it is a hormone precursor and I don't know how much you need (if any). So see your doctor to determine if you need to take this hormone (precursor). If you feel like your memory is suffering, chances are that you need it. If you insist on taking pregnenolone without seeing your doctor (which I don't recommend), don't take more than 20 mg per day.

There is more to pregnenolone than revitalizing your brain and your memory. You can get the full story from Dr. Ray Sahelian's monograph *Pregnenolone: Nature's Feel Good Hormone* (P.O. Box 12619, Marina Del Rey, CA 90295; Ph: 310-821-2409. \$9.95).

Ginkgo Biloba: Any time I have a patient come in to see me for any neurological or circulatory impairment, one of the first things I consider using is ginkgo biloba. I've used ginkgo regularly for years and found that it works especially well for circulatory problems above the diaphragm.

(When the circulation problem is below the diaphragm, I'm more impressed with the effectiveness of other bioflavonoid compounds such as rutin. But I still consider ginkgo as a secondary step.)

While ginkgo has been around for thousands of years, a growing number of studies have been published recently on its value for problems related to circulation, cognitive function, and other degenerative processes of aging. Multiple articles cite its efficacy as a free-radical scavenger, its ability to relax blood vessels, prevent platelet activation (this process incites injury to vascular walls), improve microcirculation (capillary blood flow), and more.

Favorable results have been obtained in well-controlled studies on patients with dementia, memory problems, and arterial disorders. As the population ages, ginkgo may be a "wonder agent" in preserving and improving mental function, which declines in the elderly. Controlled studies have demonstrated effectiveness in cognitive performance in young and middle-age groups as well.

Is there a downside? There's been a rare report of problems in postoperative bleeding believed to be secondary to ginkgo. So if you're contemplating an elective surgery, it may be wise to stop it a week before. Otherwise, ginkgo is an extremely safe herb to take on a regular basis.

I usually recommended my patients take a dosage of 120 mg per day. At this dosage, you get the best ginkgo has to offer when compared with the price. You can take it more safely, but you begin to experience some diminishing returns for the price you have to pay.

You don't have to see a doctor to take ginkgo biloba, so go ahead and take at least 80 mg a day.

And Finally, Add More of These Foods to Your Diet

Here's a short list of foods I consider important "food for thought:"

Anise: This herb can be used to make a tea that will strengthen your memory and help clear up what is often call "brain fog," or unclear thinking.

Artichoke: The leaves of this food have been known for years to stimulate mental function. In 1978, Nutrition News reported that there are several active compounds in the artichoke that seem to be pharmacologically active in the brain. Try this recipe from *John Heiner's Encyclopedia of Fruits, Vegetables, and Herbs:*

“Pull an artichoke to pieces, leaf by leaf, and put into a jar with barely enough water to cover. Set a saucer on the jar and stand it in a pan of boiling water for two hours, adding more water to that in the pan as it boils away (don’t forget, as you may burn the house down). Remove the jar from the pan and strain the contents, squeezing the leaves well. Three to four tbsp. of this infusion should be taken three times a day.” If you try this, please let me know how it works.

Brazil Nuts: An excellent source of amino acids, which will boost your mental energy.

Orange Juice: A small glass of orange juice in the morning will give your memory that extra bounce it needs. Don’t overdue it, though. Orange juice has a lot of sugar in it that you don’t need.

Saffron: This herb is an excellent blood cleanser. Add a pinch of it to your food when you’re cooking.

Sage: Make a tincture of one cup of sage leaves blended (on high speed for five minutes) with two cups of burgundy or brandy. Take a teaspoon of this everyday in a cup of mineral water.

There are a number of other herbs and nutrients that can enhance your memory. These include ginseng, antioxidants (free radicals are

often associated with memory loss), vitamin B₁₂, the kola nut, and some people even claim that aspirin can help.

Conclusion

An aging brain and memory loss go together like the aging of your other body parts; your muscles weaken, your bones thin out, and your sexual function decreases. We have discussed these other deficiencies in other reports and the underlying theme is always prevention. But we have given you some positive things to do in this monograph to help your memory, to reverse, or at least slow down, the progress of Alzheimer’s disease and Old Timer’s disease. Bifocals and wrinkles aren’t so bad as long as you have your mind — so persevere.

Ref: *Psychosomatic Medicine*, 7:342-346, 1945; *Biochemical Pharmacology*, 49:1-16, 1995; *Brain Research*, 689:79-84, 1995; *Journal of Clinical Endocrinology*, 11:559-577, 1951; *Journal of Clinical Endocrinology and Metabolism*, 1994, Vol. 78, No. 6; personal communication with Elmer Cranton, M.D.; *Journal of Neuroscience Research*, 1987, 17(3) pp 225-34; *Chicago Tribune*, December 9, 1991; *The Wall Street Journal*, October 28, 1992;

Ref: *Neurotoxicology and Teratology*, Vol 17, #2, 1995; *The Lancet*, April 23, 1994; *Mineral and Metal Neurotoxicity*, 1997 CRC Press, Chapter 12.

New Breakthroughs for Preventing and Surviving Cancer

Your Body Can Cure Cancer!

I hate to tell you this, but you have cancer.
It's true!

How can I be so sure? Because everybody has cancer! Unfortunately, all of us have a certain number of early stage cancer cells in our body at any given time.

But don't panic. Your immune system should be working to find those cells and wipe them out before you're in any real danger.

Assuming your immune system is strong, you'll beat the cancer that's in your body. You see, large tumors are largely a *failure* of the immune system. Yes, while the initiation and propagation of cells to become cancerous likely can be blamed on carcinogens, the immune system was designed to seek out and destroy those mutated damaged cells before they spread. Most people are fending off cancerous cells in their bodies all of the time.

So why do some people fall prey when others don't?

In patients who develop cancer, the cells that normally seek and destroy cancer (NK or natural killer cells and CTL or cytotoxic T cells) are defective in both numbers and/or function.

In 1993, Dr. James McCoy and his team of researchers reported that the survival rate for cancer patients with normally functioning NK and CTL cells was nearly 100 percent over a 12-year period. Forty-seven percent of patients with poor NK and CTL cell function had their cancer relapse and died in the same period. Clearly, a smoothly functioning immune system is the key to controlling this disease.

This is why early diagnosis is simply not an effective way to control cancer. By the time a tumor grows to the point where a doctor can find it, it's already resisted the defense of your immune system and will continue to do so until it kills you or you find a way to kill it.

Most people turn to conventional drugs to kill the cancer cells. But you already know that

most of these drugs also kill normal body cells you need to survive. Even many alternative or complementary therapies rely on some type of toxic substance to kill the cancer.

Still there are a few innovative doctors taking a radically different approach in treating cancer. I'm particularly excited about what has been happening at one clinic in Arizona.

I visited the Aidan Clinic in Tempe, Arizona, to investigate some stories I'd heard of remarkable reversals of cancer. Dr. Daniel Rubin operates this clinic, where patients waited their turn to tell me their remarkable success stories.

One element of the Aidan Clinic program is based on work done by Dr. Hugh Riordan and his father Neil Riordan, who worked with hundreds of people during the 1990s. They were studying vitamin C metabolism and cancer. It's well known that very high doses of vitamin C act like chemotherapy, directly killing cancer cells. But the Riordans observed that patients were getting better on levels of vitamin C that were too low to function as chemotherapy against the cancer. If vitamin C was not directly killing the cancer cells, they reasoned, there must be a different mechanism of action.

What they discovered was that the vitamin C enhanced the activity of immune cells. The Riordans examined non-specific immunity, the type that involves direct killing of foreign invaders by white blood cells.

The normal percentage of mononuclear white blood cells (NK cells) that can engulf and kill invaders should be 40-70 percent. In cancer patients, the number drops as low as two percent. After vitamin C, the number can rise to 90 percent. Administration of intermittent high dose vitamin C (25-50 grams IV) once or twice a week induced remissions in such cancers as kidney, lymphoma, and small cell lung cancer. By 1995, vitamin C emerged as an effective cancer therapeutic agent.

The Riordans also conducted studies where blood levels of vitamin C were forced to levels

sufficient to kill cancer cells. Using cultured cancer cells, the concentration of ascorbic acid sufficient to kill the cells was calculated. Studying the elimination of vitamin C from the body, they determined that administration of 60 grams of vitamin C over an hour to an hour and a half, plus 10 grams per hour for another two hours would attain sufficient levels of ascorbic acid that would be toxic to cancer cells.

Cancer cells are vulnerable to vitamin C because they lack resistance to hydrogen peroxide (H₂O₂) and ascorbic acid produces H₂O₂ within the cancer cells. (Normal cells are not damaged by the H₂O₂ because they are completely protected by catalase, an enzyme that inactivates H₂O₂.) This vitamin C loading procedure became part of the Aidan Clinic program for cancer. By the way, vitamin C in those doses is relatively harmless, except to those with an unusual genetic defect (G-6-P deficiency) that can lead to the development of a blood condition known as hemolysis.

Unfortunately, cancer cells that survive long enough in the body may learn to send out decoys into the system so that the immune system is distracted by the decoys while the cancer grows undisturbed. This would, in effect, *blind* the immune system to the presence of the cancer.

Direct activation of the immune system to spot the cancer from its blinded state is the ultimate in therapy. No treatment could ever be safer and more specific than one's own immune system.

An example of direct activation is the work of Dr. Rigdon Lentz. He presented his method at the semi-annual meeting of the American College for the Advancement of Medicine in the fall of 2000. Dr. Lentz uses a rather expensive method of filtering the blood to remove the decoys secreted by the cancer. When the decoys are removed, tumors can be attacked with a vengeance by the newly empowered immune system. He presented cases where, after this procedure, tumors under the skin would suddenly become hot, tender, and inflamed and, within days, would dramatically regress. The reason? Invading armies of white blood cells were causing inflammatory destruction of the cancer.

A less costly and easier approach involves direct activation of the immune army to go after cancer-cell antigens (antigens are identifying markers on cells). This can be done by using a cancer vaccine. Here's how it works:

A powerful but relatively rare immune cell

called a dendritic cell helps identify cancer cells and makes them vulnerable to immune-system attacks. In 1996, two UCLA researchers discovered that the very abundant monocytes in human blood could be stimulated to become dendritic cells when exposed to immune hormones called cytokines. This enabled significant production of dendritic cells. Now, tumor antigen from a fresh biopsy could be presented to a tissue culture of these cells. In turn, the cells would become antigen loaded and be injected into the patient's body just under the skin at a remote site from the cancer. This would program the patient's immune system to go after the cancer.

Dendritic cell vaccines are being researched worldwide. Dr. Frank Hsu of Stanford University reported on four patients with a lymphoma, all of whom failed on chemotherapy and had low white blood counts. One patient experienced complete remission, one partial, one had laboratory detection resolution of disease, and the last stabilized. There were *no adverse effects*.

Many companies are racing to produce and license dendritic cell vaccines. However, such approval may be years away. Plus, government approvals are astronomically costly.

In the meantime, a laboratory in the Bahamas called Immuno-Technologies Laboratory (ITL) has developed and tested a vaccine through patented technology. Over the years, the researchers at ITL have continually refined the vaccine, and find it very safe and effective, even in conjunction with other therapies.

The 12-week vaccine therapy has produced some startling results. One 26-year-old male suffered with stage-3 (highly advanced) malignant melanoma, which had progressed on conventional therapy after 10 months of alpha interferon. He was offered full-dose chemotherapy and refused. He then began treatment with a vaccine made from his own tumor.

After approximately three months of immunotherapy, the patient had bilateral swelling of his cervical (neck) lymph nodes and tonsils. A total of six biopsies were then taken. All the biopsies were negative for malignancy and his swelling receded completely after 30 days. Currently, his CT scans are negative, he is clinically normal, and is attending medical school. Considering conventional therapy's virtually zero response rate to metastatic disease and the deadly nature of melanoma, this result is most impressive.

Another patient, a 50-year-old female with terminal multiple metastatic cancer to the brain, was given up for dead by her doctors after receiving full-dose conventional therapy. Her neurosurgeon had no interest in surgery on a terminal patient after full-dose radiation.

After six weeks on the vaccines, the largest tumor showed inflammation signs on CT scan, with the other tumors becoming smaller. Due to the swelling, her neurologic symptoms were worse, so the neurosurgeon agreed to operate to remove the larger tumor. *On biopsy, the tumor was dead!* Its decay had been increasing the pressure inside her cranium leading to worsening symptoms. Six hours after the surgery, she was up and walking. Her amazed neurosurgeon called the lab wanting to know “what are you doing?” and asked for brochures to hand out to patients.

Patients cannot obtain the vaccine on their own. However, their physicians can order the vaccine from Immuno-Technologies Laboratory. Cancer tissue or urine samples can be sent to a processing center (this information is available from ITL), which are needed to develop a vaccine. It does take several weeks for the vaccine’s effect to maximize. It’s unlikely to help patients near death and the best effects naturally will be with patients who are still feeling and functioning near normal.

Physicians can contact ITL at P.O. Box F-42689, Freeport, Grand Bahama, Bahamas; phone: 800-467-4419; fax: 242-352-3201.

Insulin Potentiation Therapy — New Chemotherapy Treatment That Safely Destroys Cancer

I’m sure you’re asking, “How can any chemotherapy treatment be safe?”

That’s a good question, as chemotherapy destroys cells unilaterally — good and bad. But the power of chemotherapy can be harnessed to work the way we want it to.

Chemotherapy is the use of cytotoxic (cell-killing) chemicals in a system-wide effort to eliminate cancer cells. The first chemicals used for chemotherapy were not originally intended for that purpose. During a military operation in World War II, a large number of soldiers were exposed to the chemical warfare agent mustard (the agent used in mustard gas). Afterward, the military personnel were found to have abnormally low white

blood-cell counts and it was hypothesized that mustard might work as an agent against cancer, which grows at a similar rate as white blood cells. Later, several patients with advanced lymphoma were given the agent intravenously and their improvement was remarkable, if only temporary. This provided the basis to develop other drugs that would have a similar effect on cancer cells.

Conventional therapy relies on the fact that cancer cells are rapidly dividing. The process of cell division is a highly vulnerable state during which cellular DNA or its controls can be poisoned, resulting in cell death. That’s the premise behind chemotherapy and radiation, which targets dividing cells. However, normal cells also divide. The bone marrow (blood making cells) can divide as fast as cancer cells, and the gastrointestinal tract is not far behind. Consequently, these two systems also become highly poisoned by chemotherapy, resulting in the literally horrible “side effects” of chemo, which are not really side effects at all when you understand the process. They are really direct effects.

Cancer treatment has become a booming industry. It has been said that more people made their living off cancer than those who die of it. The politics of cancer therapy have been as bad as the disease itself.

Over the decades, many visionaries with fantastic treatments have been rounded up and put out of business. Their crime? Threatening the prevailing moneyed interests and medical dogma. That has left us with just three “accepted” therapeutic approaches to cancer — surgery, chemotherapy, and radiation (cut, poison, and burn).

There was a war declared on cancer with billions pumped in a bottomless sinkhole. What have we gotten for it? Even the Congressional Record has acknowledged we have made no ground and conventional therapy is a dismal failure for metastatic (spread) disease. In my whole career, I have never seen a documented case of metastatic cancer cured by chemotherapy, yet it is the pre-dominate treatment offered in the country today.

The real answer to cancer lies in prevention, not treatment once it occurs. Since many readers may already have cancer or know someone with cancer, the knowledge that there exists a kinder, gentler (virtually non-toxic) yet likely far more effective therapy than conventional chemotherapy should interest all of us.

At a recent medical conference, I had the

joy to hear Dr. Steven Ayre of Chicago give a presentation on a most novel way to administer chemotherapy — non-toxic and more effective. What a switch.

Many years ago, he became aware of the work of a visionary Mexican physician who was using the hormone insulin to treat and cure a myriad of diseases, from end stage neurosyphilis (even before the age of antibiotics) to cancer. Traveling back and forth to Mexico, Dr. Ayre observed and was instructed on the technique by the physician descendants of the pioneer, Donato Perez Garcia, MD. The results were extraordinary. The next step was to try to understand how the administration of insulin prior to exposing cancer to chemo would make the cells so much more sensitive, so that only a fraction of the conventional dose would be necessary to get the desired effect. These doses were so small that normal cells were left unharmed!

Insulin Potentiation Therapy had its origins in the 1920s in Mexico City with a 28-year-old military doctor named Donato Perez Garcia. After reading about using insulin to treat non-diabetic malnutrition, Dr. Garcia decided to try using the drug to treat his own chronic gastrointestinal condition. He effectively treated himself for the disorder and then moved on to other diseases. Before the discovery of antibiotics, doctors used heavy metals to treat diseases such as syphilis. The goal being to kill the disease before the toxic heavy metals killed the patient (much like doctors today use chemotherapy to treat cancer). Dr. Garcia believed insulin might aid the delivery of these drugs and keep the doses smaller while having a greater effect on the disease.

Dr. Perez began treating the famous and wealthy people of Mexico, as well as normal patients. He treated them not only for syphilis, but also for ulcers, gallstones, and appendicitis. He was successful and word of his treatment spread by referrals. His results were so compelling that the Mexican Secretary of Health recommended further study of IPT and the Mexican Army established an experimental clinic to do just that. The results were certified in 1940 and were judged to be spectacular. In the spring of 1944, he made a trip to the Tijuana and San Diego area and treated many diseases, including syphilis, malaria, and even a gallbladder disease in a general's wife. The trip was documented in a short article in *Time* magazine on April 10, 1944.

World War II brought the first widespread use of penicillin (which was discovered in 1928, the same year as the development of IPT) and made IPT obsolete as a treatment of syphilis. Dr. Perez, however, continued to work with IPT as a treatment for other diseases. He even found that IPT boosts the effectiveness of antibiotics. In 1945, Dr. Perez used IPT to treat cancer for the first time. In 1947, Dr. Perez made one more trip to the U.S. to demonstrate IPT. It did not catch on and he returned to Mexico City and his private practice.

Dr. Perez was far ahead of his time. Forty-five years before the National Institute of Health officially acknowledged that a bacterium was the cause for most ulcers, Dr. Perez was treating them as an infectious disease. Between 1944 and 1950, he treated five patients for pyloric stenosis (narrowing or blockage of the entrance to the small intestines. In each case, the disease started as gastritis, then escalated to ulcers, and finally into stenosis. Dr. Perez treated all five with IPT and after seven treatments all were asymptomatic.

In the late 1950s, Dr. Perez passed on his work in IPT to his son, Dr. Donato Perez Garcia y Bellón (Dr. Perez II). They worked closely from 1956 until 1971, when the elder Dr. Perez passed away. During this time, they expanded the uses of IPT to treating other diseases, including reversing polio paralysis in children. They further developed their treatments for cancer to include a simple electrophoresis technique and an apparatus called an "Oncodiagnosticator" that could detect a chemical imbalance that could lead to or support cancer.

In the 1970s, Dr. Perez II continued his father's practice in Mexico City and conversed with doctors, scientists, and pharmaceutical companies throughout the world with little success of spreading word of IPT. He did, however, get the attention of two doctors: Dr. Jean-Claude Paquette from Quebec, Canada and the other was Dr. Steven G. Ayre, the doctor who coined the phrase insulin potentiation therapy.

In 1983, Dr. Perez II was joined by his son, Dr. Donato Perez Garcia (Dr. Perez III) at the family practice. In 1987, the Drs. Perez treated their first AIDS patient with IPT and an antiviral drug. The patient reported a reversal of symptoms and returned to health. In 1988, Dr. Perez III moved part of the family practice to Tijuana, just south of San Diego, to make IPT more available to patients from the U.S. There are now nine doctors actively using IPT throughout this hemisphere.

Cancer cells need glucose to burn for energy. They are almost totally dependent of glucose as their energy source while other cells can also burn fats. With few exceptions, all cells require insulin to allow glucose to enter. Since cancer cells are totally dependent on glucose as their only energy source, turns out they make many more insulin receptors on their membranes. In fact, they may have anywhere from six to 15 times the number of insulin receptors as normal cells, giving them a real competitive advantage in swallowing up fuel. But insulin has other effects as well. In addition to insulin opening up the path for glucose to enter, it also makes the cell membrane more permeable to other substances including chemotherapy drugs. Thus, because insulin receptors are so concentrated on cancer cells, cancer can be selectively targeted over normal cells to be more vulnerable to the drugs. More drugs will enter those cells in the presence of insulin. In fact, a study in the early 1980s showed that the chemo drug methotrexate had the ability to kill breast cancer cells magnified 10,000 times when the cells were prepared with insulin. What a potentiation of effectiveness!

Further, insulin has properties that encourage the cancer cells to enter a phase of DNA synthesis and cell division, the vulnerable phase. Thus, preparing the patient with insulin provides a double whammy for the cancer. More drug enters, and in a more vulnerable time in the cell cycle. Thus, a far less quantity of chemo drugs needs to be administered. Hence — little, if any, toxicity.

Amazingly, Dr. Perez was literally curing dreaded tertiary neurosyphilis in the 1930s, prior to modern antibiotics. He found that the blood brain barrier was made more permeable by insulin so that he could get enough of an antisiphilis arsenical drug into the nervous system to cure the patient. Finding insulin potentiated therapies, he moved on to cancer, discovering its effectiveness, with modern science, only after his death, able to explain the real mechanism described above. His work might have gained great fame and saved much human suffering were it not for his claims that he could treat and cure stomach ulcers as an infectious disease, like he was treating syphilis. He was labeled a quack for calling peptic ulcer disease an infection.

And now, years after mainstream medicine disgraced his work, ulcers are at last being confirmed to be an infection in many if not most

cases — *Helicobacter Pylori*, the causative agent. Dr. Perez died in the 1970s. Dr. Perez II continued his work until his own death in December 2000. Now the work continues and is taught by the grandson, also bearing the same name. Dr. Perez III tells me of miraculous cures of polio, MS, and many other terrible degenerative diseases by his father. Unfortunately, his father recently died, only days after I met him on the phone, but too late for me to get to meet him personally and pick his brain. Those of us trained in the technique are hopeful that Perez III will be able to decipher the records of his father and disseminate recipes for supportive treatment for these other conditions besides cancer.

Now for some consecutive cases:

D.U. a 62-year-old male with lung cancer (I had been treating for six years) was seeing his tumor slowly grow. We embarked on IPT therapy and after the first month, the radiologist called up the clinic in disbelief that the tumor had regressed by 30 percent after following the patient for the past six years and never seeing it shrink. We reduced the frequency of treatment from two to one per week and the progress halted. When we reinstituted two treatments per week, the tumor again regressed with the progress described as “dramatic” by the radiologist. The patient has to date experienced no toxicity.

M.S. is a 59-year-old male with esophageal cancer. The primary mass was excised leaving metastatic lymph nodes. In the first month of therapy, the metastatic nodes had regressed by 40 percent, with no toxicity. He is still under treatment.

D.L. is a 55-year-old male with cancer of the bladder. His surgeon wanted to remove the bladder and institute full dose chemotherapy. He chose low dose IPT instead (after cystoscopic excision of the tumor from the inside of the bladder) and also received instillations of ozone into his bladder. A check-up by his urologist two months later revealed no sign of the cancer and the urologist told me, “I am impressed.”

There was no toxicity.

R.R. is a 76-year-old male with lung cancer. This is his third cancer. He was recommended to receive full-dose chemotherapy. Choosing IPT, he did develop slight toxicity with minor hair loss and a slight fall in blood count, yet felt NO worse for wear at all. His tumor was growing each month prior to IPT, proven by CAT scans. After

IPT started, there was no longer any growth of the tumor at all. Due to the slight toxicity, we reduced frequency of treatments to every four to eight weeks and even after two months of no therapy, there has not been any further growth of the tumor.

These are my own consecutive cases. Even if the tumors did not disappear completely, all of these patients have been afforded significantly more time, cancer-symptom free, and virtually free of any toxicity or "side-effects."

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Calcium D-Glucarate — A Cancer Preventer?

If you follow the news, you are no doubt aware of the tremendous harm chemicals are doing to the environment and, more importantly, the negative impact of those chemicals on your health. One major concern is the effect of environmental chemicals on hormone sensitive tissue. Mounting evidence is linking excessive levels of hormones and carcinogenic chemicals to breast, prostate, uterine, and probably ovarian cancers.

Your risk of cancer and other serious illnesses increase in relationship to the accumulation of toxic chemicals and toxic levels of steroid hormones.

Under ideal circumstances the body has a biochemical plan in place to help it to inactivate and eliminate hormones, drugs and other undesirable chemicals. One such plan or pathway is glucuronidation. Glucuronidation is basically a chemical reaction performed by your liver during which a water-soluble substance is combined with a toxin, allowing the toxin to be more easily excreted from the body.

Normally the glucuronidation pathway of elimination works pretty well, unless the body is grossly overloaded with toxins, or unless some other chemical or even parasite or bacteria gets in the way. When this occurs, the body's intricate system of detoxification and elimination is threatened. Consumption of caffeine and processed meats, smoking tobacco, marijuana, even exposure to car exhaust or pesticides all cause a loss of glucarate which impedes glucuronidation.

However, the good news is that glucuronidation, can be enhanced. Turns out that providing an ample supply of a dietary supplement similar to glucuronic acid called calcium D-glucarate binds the enzyme so that it's unable to free the hormones/toxins being eliminated by the liver.

Calcium D-glucarate is a safe supplement that has no known negative interactions or toxicity, it inhibits the undesirable bacterial enzyme, beta glucuronidase and thus aids our elimination of toxins. Calcium D-glucarate naturally occurs in fruits and vegetables. This may explain the protective effects of vegetables that reduce the risk of cancer. Many of them are abundant sources of D-glucarate. They include the cruciferous vegetables cabbage, broccoli, and Brussels sprouts. Other foods that contain it are grapefruit, apples, bean sprouts, and lettuce.

Calcium D-glucarate is relatively inexpen-

sive and is recommended by nutritionists for persons at risk of such cancers. The suggested dose ranges from 200-400 mg per day. If you have had a relatively low exposure to toxins in your life, a low dose may be fine. If you smoke or have lived in a very polluted area you might choose a higher dose, say 500 mg three times a day. I enthusiastically recommend it to my patients, especially female patients who I feel are at elevated risk of breast cancer, men at risk of prostate cancer, or both sexes at risk of colon cancer. The mucosal cells that line the colon may be a hotbed for cancer simply because they are at the end of the line for exposure to a wide variety of poisons being eliminated through the gut. Preventing the uncoupling of a toxin from the eliminating compound also helps protect colon cells from the increased exposure.

Calcium D-glucarate supplements do not take the place of changing your lifestyle to a healthy one. But they do offer good support of important detoxification pathways, especially if you've ever been a smoker, a lover of lunchmeats or hot dogs, or of coffee and sodas.

If you are still a smoker, Calcium D-glucarate is a very appropriate supplement for you. It is not a cure for a body loaded with toxins, but it could give your body the support it needs to remain healthier longer.

Resveratrol: Another Cancer Preventive That Works

Back in the 1920s, a doctor named Johanna Brandt wrote a book claiming that grapes cured her cancer. In the book, called *The Grape Cure*, Dr. Brandt explains that a grape fast, eating only grapes, is the method she used to treat her disease. At one point, she was eating as many as *four pounds of grapes* a day!

Obviously, Dr. Brandt's cure hasn't hit the mainstream, but the principles of the grape cure are now shaking the medical community.

It started when *Science* magazine published an article from the University of Illinois, Chicago that stated, "Resveratrol can inhibit all three stages of chemical carcinogenesis — tumor initiation, promotion, and progression" (quoted from *The Lancet*).

Grape plants produce resveratrol as a natural defense mechanism against fungus infection. But not all grape plants will produce the protective substance. It's only when the plant comes under

the attack of a fungus that resveratrol is produced to fight off or kill the fungus. And it's this protective mechanism that has proved to be so beneficial in fighting off cancer.

This specific class of bioflavonoids that has such powerful anti-cancer effects is also found in pine bark, lemon tree bark, hazel nut tree leaves, blueberries, cherries, cranberries, and others. But the most concentrated quantity is found in the skins of certain purple grapes (resveratrol is also found in the grape seeds, but in lower concentrations).

To find resveratrol, suppliers must travel throughout the world testing grape skins and seeds for their resveratrol content. Once they find a vineyard with a high content of resveratrol, they purchase the entire lot. The grapes are then transported to a facility where they undergo a natural process using water to make a high potency extract, which is then used in the supplements.

While the therapeutic value of resveratrol is quite broad due to its antioxidant activity, results of some very sophisticated tests provide a strong rationale for its use in vascular disease as well. Resveratrol and quercetin, both found in the seeds and skins of grapes, block human platelet aggregation, i.e., they prevent the tiny poker-chip-like cells in the blood from clumping together causing clots, which cause heart attacks and strokes.

Another cardiovascular effect of resveratrol is vasorelaxation, a relaxation of the walls of the arteries that may prevent angina attacks, heart attacks, and strokes.

Resveratrol has also been found to be an effective combatant against the latest cancer dragon called COX — cyclooxygenase. This enzyme stimulates tumor cell growth and suppresses "immune surveillance," the early warning system that signals your body to attack the dangerous cells that are going cancerous. COX can also activate some carcinogens. So we need "COX inhibitors" to fight this newfound enemy within.

Work done at the University of Illinois, Chicago, has proven resveratrol in grape skins to be a powerful COX inhibitor. And it's worth repeating that resveratrol can inhibit *all three stages of chemical carcinogenesis*, an unusual phenomenon and highly significant in the treatment of cancer.

We've all had many disappointments in the treatment of cancer and so let's not assume the battle is anywhere close to being over. However, resveratrol is the most significant molecule to

challenge cancer, at least in the laboratory, in many decades and perhaps ever.

Resveratrol interferes with the development of cancer on several levels, such as growth inhibition of cancer cells and reversal of pre-cancerous cells to normal. As *The Lancet* put it: "Grapes are good for you, but leave the skins on." But you'd have to drink a lot of wine to get an effective dose of resveratrol — and you wouldn't want to do that. The leader of the study even went so far as to remind us that "eternal health is not to be found in the bottom of a wine bottle."

So, although not a perfect answer to the problem, grape skins and grape seeds are what we have to work with for the present.

What to Do

I don't suggest you go on a grape fast, like Dr. Brandt. But I can heartily recommend taking resveratrol — especially if cancer runs in your family. If you can't find a good brand at your local health food store, our friends at Healthy Resolve have a high-quality product. For more information on how to order it, please call 800-728-2288.

Resveratrol is nontoxic and there is essentially no known toxic dose. As with anything, you probably could overdose, but it wouldn't be easy. In an experiment with dogs, they were given *132 mg of grape seed extract per 20 pounds of body weight per day for 12 months* with no deleterious effects. During tests on pregnant women, there was no toxicity found in the women or their babies. Nutritionists have found that a dose of 20 mg of grape seed extract per 20 pounds of body weight for humans gives the best results. But for general prevention, stick to the recommended dosage on the label.

Some of you may be taking a product called Pycnogenol, which contains pine bark extract, and you may be wondering if you need to take resveratrol. The answer is yes. Remember, the grape-skin extract is far superior to any of the other types of extracts, so we recommend Resveratrol Plus or other quality grape-skin products over any of the other extracts.

Four More Ways to Prevent Cancer

(1) Diet — Obviously, the first place to start is with your diet.

Researchers at Johns Hopkins University report that three-day-old broccoli sprouts, which

are tender shoots topped with two baby leaves, are loaded with a concentrated form of sulforaphane, a powerful cancer fighter. The study showed that there is up to 50 times more of the anti-cancer chemical in broccoli sprouts than in the mature vegetable — and the sprouts really don't taste like broccoli (fortunately!).

Brussels sprouts contain a substance called sinigrin, which is in a class of cancer-fighting compounds called glucosinolates. A single dose of sinigrin suppresses the development of precancerous cells in rats, says Ian Johnson, a nutritional physiologist. A breakdown product of sinigrin, called allyl isothiocyanate, is not only responsible for the smell and taste of brussels sprouts, but also promotes precancerous cells of the digestive system to commit suicide — a natural process called “apoptosis.”

The right kinds of oils are extremely important to include in your diet to prevent cancer. Most, however, want you to include vegetable oil, safflower oil, corn oil, and canola oil in your diet, but these are heavy in omega-6 oils, which you don't need more of in your body.

The oils you need to be ingesting to prevent colon cancer are olive oil, fish oil, and flaxseed oil. Recent research at the University of Toronto has shown that flaxseed oil reduces cancer of the breast in rats and *also colon cancer* in rats.

A Spanish research team recently set out to discover whether olive oil, fish oil, and safflower oil would prevent colon cancer. Their findings suggest olive oil and fish oil may help protect the gut against cancer, but the safflower oil failed the test (it has more omega-6).

The researchers, from Barcelona, Spain, tested the three oils on laboratory rats, some of whom were first given a substance to induce cancer. They found cancer developing faster in rats fed safflower oil than in the other animals. Rats fed olive and fish oils also had lower levels of a chemical called arachidonate, a marker for cancer development.

So make sure you're getting plenty of olive oil, fish oil, and flaxseed oil in your diet. Eat as much as you like, as it's difficult to overdo it.

One final note on your diet: Fighting colon cancer isn't just about what you can eat to prevent it — it's also about what you shouldn't eat. The problem with most people's diet is the large amount of refined carbohydrates and sugars they eat. These foods are not easily digested and, in many cases,

become like glue in the digestive tract. To see how this works, mix a little water with some refined flour (the main ingredients of most breads and pastas) until you get a nice paste. Put the paste between two pieces of paper and let it dry. It won't be long before the two pieces of paper are inseparable. This glue is perfect for crafts, but the same mixture will wreak havoc in your colon.

Two other foods you need to consider are green tea and soy. Soy has been under the gun lately, and rightly so, which means you shouldn't overdo it. But adding a little soy to your diet has been shown to prevent breast cancer.

And green tea has been shown to prevent and shrink cancer tumors. While I wouldn't rely on it for treating my cancer, I sure do think it's worth drinking in an effort to keep cancer away.

(2) Sunlight — The cancer most people think of when you mention sunlight is skin cancer, but sun exposure is vital in preventing colon cancer.

Here's how it works: It has been proven that vitamin D protects against cancer. The sun is a major source of this vitamin. A Johns Hopkins University study and work done at the Naval Health Research Center confirm that vitamin D protects against colon cancer.

More excellent research was done by several California investigators. Working in light-poor Canada, they found a definite correlation between a lack of sunlight and cancer of the colon. In highly polluted industrial areas with high emissions of sulfur dioxide, light of the 300 nanometer range is effectively blocked. This is the ultraviolet B that causes tanning. It does not cause skin cancer, but a lack of it can cause cancer of the colon (and possibly cancer of the breast).

The authors of the report studied 20 Canadian cities with air pollution from coal burning and found, consistently, that a lack of sunlight was correlated with an increase of colon cancer.

The data published with the report demonstrated a remarkable correlation between light-deprivation and colon cancer. In every case but one (Winnipeg had good sunlight and a high cancer rate, which may indicate other cancer-producing causes there), the factors were clearly inversely proportional: the lower the amount of sunlight, the higher the rate of cancer.

(3) Exercise — You already know this, so I won't spend much time on it, but exercise helps prevent colon cancer. A recent study found that

walking at a normal or brisk pace for one hour per day is associated with a 46 percent reduction in risk of colon cancer in women in the United States. Women who do only half this can still reduce their risk by a quarter. And mild exercise will have the same effect on men.

(4) Supplements — There are several nutrients you need to make sure you include in your supplementation regimen, including magnesium, CoQ10, garlic, zinc, and vitamins C and D. But I want to focus on two others: selenium and folic acid.

Selenium: Selenium, found in seafood, liver, and vegetables, is big news these days, as a recent study has clearly shown it's an excellent cancer preventive.

The research was conducted over four-and-a-half years and involved 1,312 patients, in which half received selenium and half a placebo. In the selenium-treated group there were 63 percent fewer cases of prostate cancer, 58 percent fewer colon cancers, and 45 percent fewer lung cancers. The action is said to be due to the selenium-inducing "suicide" in the cancer cells.

Selenium in small doses is a safe mineral, but too much can cause problems, such as nail and hair loss, bad breath, or other complaints. It's called "selenosis." But too little can be even more serious. Make sure you get an adequate dose of it every day. An "adequate dose" is 200 mcg every day. You'll notice Healthy Resolve's Maximum contains 200 mcg.

Folic Acid: There is new research emerging that shows a cancer connection with a lack of folic acid. In some experimental animals, folate deficiency doubles the rate of colon cancer. Therefore, it's very important that you get enough folate. You should eat or drink foods rich in folic acid, such as fresh orange juice (not concentrate), medium-rare chicken or beef liver, lentils, and cereals. You should also take 1,000 micrograms of folic acid daily in tablet form. Although it has become uncommon, folate can mask pernicious anemia, caused by a deficiency of B₁₂, so have your B₁₂ level checked.

New Screening Test Helps Prevent Breast Cancer

Mary painfully winced as her breast was placed on a plate, squeezed, and flattened to something more like a pancake. She was preparing to receive a "low intensity" X-ray beam called mammography. "It felt like my tissues were being

ripped off my chest wall," she said afterward.

Then she was startled when the mirror revealed her well-shaped and self-supported breasts were sagging for the first time. Later she told me she would never get another mammogram despite a strong family history of breast cancer.

Mary is one of millions of women encouraged by breast-cancer "scare" infomercials to subject her breasts to the rather brutish mammography. This procedure requires mechanical flattening of the breast to get the best picture, since imaging through thick tissue will often obscure the result.

What Mary wasn't aware of was the availability of another screening method that's highly accurate, doesn't compress the breast, doesn't use radiation, and is far superior at preventing breast cancer than mammography (which never prevents, just diagnoses the disease). Digital infrared thermography, or thermography, observes the breasts (or other body tissues) for the radiation the tissues naturally emit.

Most people these days have watched enough television to understand infrared photography, which highlights objects with temperatures above absolute zero. Few people realize, though, that infrared photography actually picks up on the natural radiation our bodies emit to produce this heat. While most of the uses science has found for this technology are in the military realm (night vision goggles, satellite photography, etc.), new discoveries are making it invaluable for the medical arena.

The average person's body temperature is right around 98.6 degrees, thanks mostly to the metabolic and blood-vessel activity in the body. This activity is what makes thermography so valuable. While mammography uses penetrating X-rays to observe *structure*, thermography observes *function* (metabolic activity) by heat observation and detection.

Before tissue degenerates into cancer, the body's metabolic rate around the site increases. A unique aspect of cancerous tumor growth is a process called neoangiogenesis (new blood-vessel growth). As the cells multiply, they need an increased blood supply to bring in nutrients and remove waste. The increase in circulation gives off heat. An infrared-type camera can detect this heat, giving the patient and doctor an opportunity to take action *long before a tumor develops*.

This makes thermography a tremendous weapon in the fight against breast cancer!

Thermography has been around for decades, but advances in technology have led to significant improvements in imaging. In 1982, the FDA approved thermography as an adjunctive diagnostic breast-cancer screening procedure. Since then, there have been thousands of screens done and a multitude of reported studies. The results of the studies are startling. The average sensitivity (detection of disease) of breast thermography is 90 percent. The average specificity (ability to avoid false positives) is 90 percent, meaning only 10 percent of all positives will be false.

In comparison, mammography carries a sensitivity rate below 80 percent and often as low as 65 percent. Its sensitivity declines even further in women on hormone replacement therapy, as estrogen makes the breasts denser (the most common reason for failed mammograms). Estrogen is now accepted as the greatest causal risk factor for the development of cancer.

Then, in 1983, the Wisconsin Breast Cancer Detection Foundation presented findings that to this day remain undisputed. The findings showed a positive thermogram is the highest risk indicator for the future development of breast cancer. A positive thermogram carries a risk 10 times greater than having a close relative with the disease.

One study had a patient base of 58,000 women and specifically followed 1,527 women with initially healthy breasts and abnormal thermograms for 12 years. Of the abnormal thermogram group, 40 percent developed cancer within five years. The study concluded, abnormal thermogram is the most important marker for the future development of breast cancer.

Once the tumors begin to develop, thermography again proves better than mammography. A study in 1986 screened 4,716 patients with confirmed cancer, 3,305 women with biopsy-proven benign breast disease, and 8,757 general patients. Clinical examination picked up 75 percent of all tumors, but found only 50 percent of tumors less than two centimeters in size. Mammography detected 80 percent of tumors this size or smaller, but 27 percent were false positives. Thermography had an average sensitivity of 88 percent, with a false positive rate of 15 percent and picked up 85 percent of tumors less than one centimeter. Thus, it appears to have a far greater ability than mammography to detect small tumors.

These authors did conclude that none of the

common screening procedures should be used alone. They should be appropriately combined for the most efficient evaluation. When the procedures are appropriately combined, you can expect the sensitivity to be around 95 percent.

With regards to survival of women with breast cancer, use of thermography appears to increase long-term survival rates by up to 61 percent (*Obstetrics and Gynecology*, 1983). The researchers concluded thermography has a "dramatic survival benefit." Thermography has also been shown to have predictive values in cancer growth: the hotter the tumor area, the faster the cell division, and the greater likelihood of metastases with shorter survival time.

Now, if I still haven't convinced you with these impressive statistics, perhaps understanding the testing procedure will. Prior to the test, the woman is asked not to engage in any activity or apply anything to the skin within a specified period of time that could affect the heat emanations from the skin. Next, a proper examination will take place in a comfortable temperature-controlled room with no drafts, where the patient will sit disrobed from the waist up for 15 minutes in order to allow her skin to acclimatize to the ambient temperature. This can get a little chilly, but it's not terribly uncomfortable.

The exam is then performed in seconds with a digital infrared camera that takes pictures from different angles and feeds the information into a computer. The images are either sent out or read in-house by a board-certified clinical thermologist. Some centers only offer testing, others also offer evaluation as well. Compared to a mammogram, getting a thermogram is a walk in the park.

Dr. William Amalu in California, who has an active screening clinic, sees four specific advantages for thermography:

(1) Unlike any other screening method, thermography can see developing pathology eight to 10 years before any other method. This is well in time to take corrective measures to stop or reverse the deterioration. (My research and years of clinical experience suggest that one can usually reverse *precancerous* cells. Once they become cancerous, you are dealing with another animal entirely.)

(2) In addition to what thermography offers postmenopausal women, it also provides a great alternative to yearly mammograms for women under 40. This is particularly important since 15 percent of all breast cancers are now occurring in

women under 45. I'm also concerned about the cumulative effects of mammography's radiation on younger women who get mammograms every year for 30 or 40 years. Thermography offers younger women a wonderfully safe, comfortable, and highly effective screening method without any of the negatives.

(3) It can look at the metabolism (heat emissions) of the breasts to see if there is estrogen dominance (hormonal imbalance). Currently, the single greatest known risk factor for the future development of breast cancer is lifetime exposure to estrogen. The technology has the ability to also help in evaluating if a particular patient has a problem with hormone replacement therapy or oral contraceptives. Therefore, thermography is the single greatest tool to determine far in advance if estrogen poses significant breast-cancer risk. If so, the patient can seek help from a qualified preventive medicine physician for early corrective action (such as the use of progesterone) or other nutritional interventions.

(4) It can give a risk assessment of future development of breast cancer, far more accurately than family history or estrogen or toxin exposure, because you can see the metabolism's shift in action. If positive, it can offer you radiation-free follow up and at frequent intervals. Since it looks at function and metabolism, it can be used to assess success of early intervention before cancer develops. For example, if you're on hormone therapy and have a suspicious test, the effects of stopping the estrogen and using progesterone can be assessed. That is not the case with mammography, which looks only at progression of structural changes.

In addition to these four benefits, thermography is an effective screening tool in fibrocystic thickened breast tissue, unlike mammography, which is compromised by this type of tissue. Lactating women also can be screened easily and women with implants now have a fine reliable screening tool that will not burst, inflict pain on, or otherwise harm the implant. The thermography reading is not obscured by the implant.

I would encourage you to visit Dr. Amalu's website (www.breastthermography.com) for further information. Doctors offering thermography can be found on this site. If there's not one near you, calling local imaging centers might help you locate a reputable thermography service. If you find a center this way, or hear of one from a friend, ask if the technician and especially the

interpreter are board certified in the procedure. If they are not, don't let them image you. Just as with any health care technology, you only want personnel that are well trained providing the service. You'll also want to make sure the personnel and readers are not trained by the company that sells the device. They need to be board certified!

You can also go to www.iact-org.org (International Academy of Clinical Thermology) to look over the qualifications of technicians and interpreters (they also provide a list of qualified centers worldwide). Thermography is a service my wife and I are now offering in Santa Rosa, California.

It's important to remember that thermography is not the end all for cancer prevention. It does miss problems, but on an average, much less than mammography. However, appropriately putting the two together seems to offer the highest sensitivity (95 percent). Since mammography is not a benign procedure (radiation, compression, etc.), it makes far more sense to do an initial screening by photographing what your body is emitting. Thermography makes the most sense in women between the ages of 30 and 50 who have hormonally active and denser breasts.

Pricing varies from center to center. The lowest I've found (including interpretation) is \$150 per screening, with the higher end over \$250.

Finally, thermography is not just an examination limited to the breast. It can detect changes in temperature, circulation, and metabolism over any external part of the body, providing evidence for the existence of pain, a serious metabolic disorder, or derangement in the nervous system. This is especially helpful when all other evaluations have failed.

Chinese Herb Cures Cancer

These days, it's not uncommon to hear about a therapy or nutrient that cures cancer. Problem is, few of them really work.

I remember when shark cartilage was the new cure for cancer because, after all, sharks don't get cancer. Even some prominent newsletter writers bought into this supposed "miracle cure" and promoted it hard. Trouble was, it didn't work.

I work with a group of about 20 different doctors who try treatments like this, and we compare our results to find out what works and what doesn't. Shark cartilage failed our tests miserably!

Since then, we've found several therapies

that really do work in many cases. I've told you about a few of these, including insulin potentiation therapy and cancer vaccines. Unfortunately, all of these are doctor-administered therapies. They work wonders, but you have to find a doctor who is willing to administer them, which is a serious problem for many of you.

While I never recommend my patients treat their cancer by themselves, there's now an herb I can recommend wholeheartedly that's safe and can be used at home and in conjunction with the previously mentioned doctor-administered therapies. This isn't just a supplement to help build your immune system. This herb aggressively fights cancer.

Just how effective is it? Let me introduce you to Donald, a 47-year-old mechanic who is in great shape. He had a newly diagnosed lymphoma and came to see me just after his oncologist had biopsied the tumor. There was an ugly egg-sized mass on the left side of his head with a gaping hole from the biopsy and an angry redness from inflammation.

I immediately put him on a derivative of this Chinese herb and he took it for two weeks. At the end of that time, the lump developed a little depression in the center, but the perimeter had grown just slightly. Dejected that it didn't significantly regress, he elected to stop further use of the product and take a "wait and see" approach.

Four weeks later, I received a call from Donald. The tumor was gone!

My mouth dropped open and I could hardly wait to see him. Returning with his wife and a big smile a few days later, I couldn't believe my eyes. The skin was smooth, no mass was present, and the angry redness was fading fast. He said, "I had lots of people praying for me, I have faithfully followed your recommendations on diet, which are extremely important, but I'm convinced the artemesia product was the key."

As you can imagine, I was jumping out of my skin!

Artemesia is a simple plant that grows in Southeast Asia. I've used it for years to treat intestinal parasites. The World Health Organization lauds it as a safe malaria treatment. Little did I know I had a cancer cure sitting right under my nose.

I discovered the cancer connection Drs. Henry Lai and Narendra Singh, bioengineering professors at the University of Washington, reported on the active agent of this Asian herb (artemisinin). Their report said the herb "might provide a safe, non-toxic, and inexpensive alter-

native for cancer patients." So I called Dr. Lai and he told me some earth-shaking information.

What I didn't realize was that artemesia is a close cousin to oxygen therapy. Chinese researchers said the key to its effects was a peroxide linkage (two oxygen atoms hooked together) within the herb's active molecule. Remember our old friend hydrogen peroxide?

All peroxides share a common feature. In the presence of free iron, they break down to form highly reactive oxygen-based free radicals. Malaria is a parasite (plasmodium) that infects the iron-rich red blood cell and accumulates iron. While the body avidly shields iron in a bound-up state (hemoglobin, enzymes, etc.), excess iron accumulates in the parasite, and the accumulation allows some iron to spill out of the bound state and become free. When the artemisinin products contact the iron — BOOM! A huge burst of free radicals is unleashed, virtually blowing up the cell harboring the free iron and destroying the parasite.

Some seven years ago, Dr. Lai, aware of the high accumulation of iron in cancer cells, wondered if this same mechanism might work in cancer treatment. He and his colleague, Dr. Singh, conducted experiments in laboratory cancer cells documenting a 100 percent kill rate of breast-cancer cells and leukemia cells in just hours. More importantly, it left normal breast cells and white blood cells unscathed.

Then, one year ago, an article appeared in a major cancer journal demonstrating significant artemisinin anticancer activity in a wide variety of laboratory cultured cancer cells. But astonishingly, cancers resistant to common chemotherapy drugs showed no such resistance to artemisinin. It does not have the chemical structure a cancer cell requires to develop resistance! (This was reported recently in the *International Journal of Oncology* 18; 767-773, 2001 by Efferth, et al.)

I was more than intrigued. I was captivated. I thought if its antimalarial effects translated to anti-cancer effects, this could be the cancer breakthrough of our lifetime.

So I started using the herb's derivatives in my cancer treatment program. Donald, mentioned earlier, was one of my first cases. At about the same time, I continued to follow a long-term patient, a delightful 47-year-old female with stage-4 breast cancer. Diane was diagnosed only two years before with the promise of "We got it all" at her mastectomy. When she came to me, she had developed metastases in her spine, which

caused her to limp. A cancer-induced fracture in her vertebrae gave her significant pain and prevented her from performing the duties of her job. All the conventional doctors could offer was full-dose chemotherapy at a horrific toll on the quality of her life, but they also confided honestly that there was no hope it would lead to a cure.

She chose alternatives instead, receiving IPT, high-dose nutritional therapy, dietary changes, dendritic cell vaccine, multi-step oxygen therapy, and more. All of her symptoms regressed, but the CT showed no change. After a short course of artemisinin derivatives, she reported back to me that physically she couldn't tell she had ever had cancer. She felt totally well. The CT scan showed regression but there's no way to tell if the remaining lesion was a tumor or healing scar tissue. Results like this with absolutely no toxicity are simply amazing by any standards, conventional or unconventional.

Yet another patient, Carole, who was seeing my friend Dr. Donato Perez-Garcia for IPT, came to see me with an unsightly, massive, open, and oozing cancer engulfing what had been her whole left breast. She had been fighting the cancer for two years and, convinced on her own that doing conventional therapy was a death sentence, she explored nearly every option she could. She start-

ed an artemesia derivative and sent me photos one month later showing exceptional healing!

I recently had the pleasure to speak with Dr. Hoang of Hanoi, Vietnam, whose family of physicians has been using artemisinin for about 10 years. He reports that 50-60 percent of 400 cancer patients have achieved long-term remission utilizing artemisinin together with a comprehensive integrative cancer strategy.

Among these patients is a 47-year-old female who, presented with terminal liver cancer from hepatitis B and abdominal ascites (massive swelling from liver failure), was just days or weeks from death. Today, two-and-a-half years later, she is alive and well with no signs of any disease!

Dr. Singh is currently following many cancer patients. While not reporting remissions or apparent cures, he says all patients are responding and have at least stabilized. He has found no type of cancer unresponsive to artemisinin derivatives in his studies.

Dr. Hoang recommends treatment for two years. Cancer could be like the malaria parasite. If just one cell remains, it can find its way back. Thus, as in malaria, although the parasite is cleared in a few days, prolonged treatment best prevents relapse. And the beauty of this treatment is that it's non-toxic, so you can continue taking it

Is Your Bra Killing You?

In a study involving 4,700 women, those who never wore a bra had the same incidence of breast cancer as men, in whom cancer of the breast is a rare condition.

Women who wore bras for more than 12 hours, but did not sleep in them, had 21 times the risk as women who wore a bra for less than 12 hours. Put in a slightly different way, the statistics are just as chilling: Women who wear a bra 24 hours a day *are 125 times as likely* to develop cancer as women who don't.

Medical anthropologist, Sydney Ross Singer, made this bra/breast cancer claim in the mid-1990s, but was simply laughed at by the so-called experts. But with the new study involving 4,700 women demonstrating such dramatic results, Singer may get the last laugh. It is postulated that lymphatic vessels are blocked by the bra, thus preventing lymphocytes (white blood cells) from destroying abnormal cells. This blockage, over a period of years, presumably causes a build-up of cancer cells, which eventually

overwhelms the body's defense mechanism, and cancer ensues.

Action to Take

From Professor Singer's research, it would appear that wearing a bra less than 12 hours a day would be prudent.

Make sure your bra is not constricting the lymphatic system. If, when you remove the bra, there are grooves in your skin or red lines where the bra was, you are asking for trouble.

The worst thing you can do is wear your bra to bed - Dr. Singer's number one admonition is: "*Do not wear a bra to sleep!*"

Other precautionary measures include: Avoid bras with underwires or anything that tends to shape the breasts, including push-up bras and strapless bras.

Buy the book referenced below. At 12 bucks, it's a great bargain — and could save your life.

Ref: *Dressed to Kill* by S. R. Singer and Soma Grismaijer (paperback), 1995, Avery, \$11.95.

indefinitely with no expected side effects.

There are three common artemesia derivatives, and one must know the properties of each for best treatment. Artesunate is water soluble and may be the most active and the least toxic, but it has the shortest life within the body. Artemether is oil or lipid soluble and has the longest half-life. It also has the most toxicity (but this is related to rather high dosages, which are unnecessary. Its big advantage is that it can cross the blood-brain barrier to reach cancers in the nervous system. Artemisinin is the active parent compound of the plant. It has an intermediate half-life, is very safe, and also can cross the blood-brain barrier.

The first two are slightly altered semi-synthetic derivatives of artemisinin, the concentrated and purified active agent. Dr. Singh reports that a combination of the forms may be the very best treatment due to these different properties (based on a lab experiment). Thus, he feels the best preparation will contain artemisinin and artemether to provide a dose of 0.5-2 mg/Kg of each form once daily before bed (away from any

No More Breast Biopsies?

A research team at Duke University is developing a system using sound waves to distinguish malignant tumors from benign lesions. The hope here is to save millions of women the trauma of a painful and potentially risky needle biopsy when a suspicious mass is found on a mammogram. Currently, the overwhelming majority of biopsied lesions are negative for cancer.

This technique uses ultrasound waves to measure the tumor's elasticity. Benign and cancerous tumors have significant differences in their mechanical properties, and recover their shape at different speeds. The pressure of the sound waves moves the tissues ever so slightly. Then the properties of the movement and recovery are measured, and can be correlated to the likelihood of cancer.

Technology is a wonderful thing when it can lead to such positive and non-invasive advances. If this technology proves accurate, the fear that women carry when a suspicious lump is found will be quickly extinguished or validated. I am not a fan of needle biopsy. Some believe it may leave a tract for cancer cells to migrate through, when it might have otherwise been contained. However, a firm diagnosis is absolutely required. I'll let you know when this technology becomes available and how excited we should be about it.

residual iron left in the stomach from the evening meal). Dr. Hoang reports that 500 mg twice daily of oral artemisinin by itself is the dosage he has been using with great success.

The product is best taken on an empty stomach with some natural fat to enhance absorption. Any iron present from residual food may neutralize the peroxides. Milk is one of the few foods with minimal iron. Whole milk, cottage cheese, or yogurt have ample fat to enhance absorption. Additionally, I believe simultaneous administration of cod liver oil (for its omega-3 and vitamin D) and conjugated linoleic acid (CLA) will assist absorption, while providing additional therapeutic benefits.

Folks, my hat's off to Drs. Lai and Singh, medical saints who have brought this information to the world. To date, with the exception of patients very near death, taking artemisinin or derivatives have stabilized, improved, or remitted every cancer patient I have followed. No one could deny this is nothing short of an absolute miracle!

We are in the infancy of our understanding of how to use artemesia products. The medical literature suggests that oxygenating the system, perhaps with multistep oxygen therapy, might make them more effective. Administration of certain chemotherapy agents (IPT), which kill cells through free radical mechanisms, is another option.

Please note that artemesia herb products are not the same as the concentrated forms of the derivatives I've described here. The highest concentration of artemisinin (the active agent) in the raw herb in best of conditions does not even get beyond one-half percent. Furthermore, there's concern by Dr. Singh that unscrupulous dealers will label artemisinin content without performing a proper analysis. Thus, he has tested some products, finding perhaps only 10-20 percent of anti-cancer activity against cultured cancer cells compared to pure artemisinin. Nutricology (800-545-9960; www.nutricology.com) distributes a high-grade artemisinin confirmed by independent lab analysis, which I recommend.

But, remember, it is not a singular therapy. It should be used in conjunction with a comprehensive cancer management strategy, together with the help of an integrative medicine physician or an open-minded oncologist.

The best news of all, though, is that you now have more hope than ever that cancer will not take your life!

SECOND OPINION'S

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- Powerful New Cures for Failing Vision
- Say Good-bye to Back Pain and Other Chronic Pain
- Say Good-bye to Heartburn, Gas and Abdominal Pain

Robert J. Rowen, MD

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A Permanent Cure for Chronic Fatigue and Mystery Pains

A Remarkable New Treatment for Chronic Fatigue, Fibromyalgia, and Other Chronic Diseases

Susan had suffered with chronic fatigue, pain, and mental aberrations for several months. The pain was so intense it was making it impossible to perform her daily tasks. Her doctor ran a series of tests on her, but was unable to find anything wrong. When she returned several times complaining of the same problems, he told her she was a psychiatric case and needed to see a specialist.

Susan wasn't crazy — she had fibromyalgia. And she's not alone in her suffering. Over the past two generations, we've seen a startling rise in all kinds of chronic health problems. These include (but are not limited to): chronic fatigue, fibromyalgia, arthritis, autoimmune diseases (so-called), vascular disease, endocrine (hormone) problems, infertility, and more. These problems are so rampant now that if you don't suffer from one of them, you likely know someone who does.

These chronic problems are the number one reason people visit the doctor. But the doctor can't do anything to help. What you are about to read, though, is one of the most exciting developments I've seen in my medical career. There is now a non-toxic treatment for these problems that literally works miracles in many cases!

The great question with these illnesses is "what causes them?" I've had many patients tell me their fibromyalgia started or flared up after a minor illness or trauma. But that didn't make sense, as neither of these could possibly cause chronic illness. Or could they?

For years, doctors have wondered why people respond to similar types of trauma in such different ways. Take for instance Gulf War syndrome. Why did some of the soldiers in the Gulf War come down with this horrible disease, while their unit buddies, who were exposed to the exact same conditions (including vaccines and the war theater in general) never batted an eye? A similar question that's gone unanswered is why does one child get autism after receiving the same vaccines

that had no effect on the kid down the street? Or why do some people who live near an environmental hazard (such as a chemical plant) get cancer, but their neighbors don't?

Could it be possible that some people could react differently to a minor illness or injury than most people would? The answer is yes! For example, a relative of mine was stricken with scleroderma after a minor auto accident that most people would walk away from without any trouble.

For years, medicine has not understood these observations and would simply classify sufferers of such syndromes as psycho cases. Rarely, if ever, did blood tests show any pathology other than perhaps non-specific markers of inflammation or, in the case of autoimmune disease, antibodies seemingly directed against the body.

But I just can't accept the idea of autoimmune disease, as I don't believe God would create a body that directs its immune system to destroy itself.

The good news is that new findings are now proving my suspicions correct. And, more importantly, these same findings are showing an underlying theme in most chronic disease cases, which opens exciting new possibilities for treatment!

The path to solving this puzzle began when a doctor observed that women with infertility problems uniformly had a blood-clotting pattern that's nearly identical to a condition called diffuse intravascular coagulation (clotting inside the blood vessels for no apparent reason).

Blood clotting is a very complex, highly guarded and regulated system within all animals with a circulatory system. Much like a teeter-totter, too much activity can lead to unnecessary and dangerous clots, while too little activity can leave you prone to excessive bleeding. Some 40 percent of all proteins in human blood are intertwined with this complex system. There are pathways that lead to clotting (to prevent bleeding) and

equivalent pathways to control it and dissolve unnecessary clots (preventing thrombosis). Medical science recognizes both of these extremes as major problems requiring medical intervention.

The real news, though, is coming from studies, which are now demonstrating that there's an intermediate zone where the patient does not have an overt clot, but the blood is still clotting enough to cause problems, including chronic disease!

The jump from overactive clotting to chronic illness is rather complex (which is why researchers have missed it for so long), but there is a direct connection, as you will soon see.

In the normal process of inflammation, chemicals are released to activate the immune system to a properly controlled fight. The coagulation (clotting) system also gets activated as part of this process. The normal person will recover from the illness or physical trauma and the coagulation system will return to normal. However, a significant number of people from European descent are carrying a genetic trait that causes the clotting system to remain active and not tone down.

The clotting system is designed to burst forth with fibrin, a protein that crosslinks with other fibrin molecules to form a clot which stems the breach. A clot would look something like a cotton ball, with all the single strands of the cotton condensing into the ball (clot). This is the body's normal response to an injury. When the injury is repaired, other proteins dissolve away the clot.

The problem arises when all of these single strands of fibrin do not come together into a clot, but remain as freestanding single soluble fibrin monomers (SFM). This would be analogous to the individual wisps or strands of the cotton ball never clumping together. Even though these fibrin molecules do not come together to form a clot, they are still very sticky and begin to stick to and coat the inner lining of the blood vessels. Coating the smaller blood vessels in this fashion effectively sludges them up, significantly limiting oxygen and nutrient exchange across the capillaries.

You may already know how important oxygen is to healing and how grave it is to limit it. Imagine piling layer upon layer of dead weight on the critical lining of the capillaries. The effect on the underlying tissues and the body as a whole is devastating.

The next questions to consider are: (1) What activates this process and keeps it activated? And (2) why are the disorders so prevalent? David

Berg, MS, director of Hemex Laboratories, explains it like this: "Imagine yourself in Europe several hundred years ago with swords, spears, and arrows a-flying. If you were to get hit with one, you would have a much better chance of survival if your clotting pathway was highly active and stopped the bleeding very quickly. Your genes would survive to be passed down. If you didn't have the gene, you would be more likely to bleed to death and your genes wouldn't be passed down. Thus, the prevalence of the genetic predisposition to highly or easily activated coagulation. In those days, this genetic trait was an advantage.

"In today's world, however, our bodies face different threats than spears — unseen microscopic pathogens. In these same individuals, an infection or even a minor injury can activate the clotting system which is where the trouble starts."

Today's pathogens are evolving rapidly. Somehow, they have figured out that they have a much better chance to survive if they don't kill the host. These microorganisms don't like oxygen and have a much better chance if they can go undetected by the immune system. In susceptible people, these relatively new infections (i.e., Epstein Barr virus — EBV, mycoplasmas, chlamydia, HHV6 — human herpes 6 virus, and many others) trigger the clotting mechanism. But rather than inciting a clot the way an arrow might, they instead stimulate the production of single strands of fibrin, which coat the blood vessels.

The infection can take up shop, keeping a low enough presence to keep the coagulation pathway active, depriving tissues of needed oxygen, but not enough to trigger an all-out immune response. The deprivation of oxygen can lead to fatigue, aches, pain, headaches, reduced production of hormones (low thyroid, adrenals, etc.), mental aberrations, and more. Sound familiar?

The hardest part for the clinician to date has been to identify a particular abnormality in these patients, or to identify an infection. These low-grade infections don't operate like classical infections such as strep or staph. They don't activate the immune system enough to even see abnormal immunity in routine testing. The organisms are hidden away in tissues and cannot be cultured in the blood.

Recently, the development of antibody testing and PCR (polymerase chain reaction), in which the DNA of the infecting agent can be greatly magnified and seen, has made it easier to

find these infections when the physician is astute enough to look.

At last we have an explanation of why some people go on and get a chronic infection and symptoms, while others recover promptly and heal completely.

Action to Take

In order to treat any of the various chronic ailments, you first have to root out the offending organisms and offer starving cells the oxygen they crave. Some doctors have tried to use the drug coumadin (warfarin), but it doesn't solve the problem. The underlying activation still progresses.

On the other hand, heparin (which unfortunately at this moment is available and functional only by injection) does offer dramatic relief. Administered by a simple subcutaneous injection, much like insulin, the results in patients can be nothing short of dramatic.

At a recent medical conference, Dr. Ryser, who regularly uses heparin therapy, reported the incredible results she's seen in some very difficult-to-treat cases like fibromyalgia and chronic fatigue syndrome. Dr. Ryser said she's seeing a fantastic 80 percent cure rate.

Of course, heparin is not the only answer. Dr. Ryser is employing a wide range of nutritional supplements to activate the immune system, and I also use regular oxygen therapy.

Susan, the woman I mentioned at the beginning of this report, finally found a doctor who understood fibromyalgia and was put on heparin and nutritional support. Within weeks she was able to return to the productive world, completely free of any debilitating problems.

One of my first cases was a woman who lives in a remote area of Alaska. Her soluble fibrin monomers and other clotting factors were quite elevated. Within two days after starting heparin, she excitedly called to tell me the fog over her brain had lifted, her energy was dramatically restored, and while the pain was still present, she could now tolerate it and there were periodic breaks from it.

Because of the variability of the clotting disorders, some patients may respond this quickly, while others may take weeks or even months to unlayer years of fibrin deposition. A health professional I've treated for years has intractable high blood pressure (it's genetic in her case). She's seen virtually no response to any non-pharmacological intervention and an extremely poor response to prescription medications. When I started her on the heparin, I reduced her prescription medication to one-third the amount she was taking. Within two weeks, her blood pressure had fallen to normal for the first time in memory. Her pressure was 160/110 at the outset.

Another patient of mine is from Australia and travels to Alaska every one to two years for oxidation and homeopathic treatment for an intractable infection, which causes him severe joint pains, fatigue, and asthma. I recently visited his home country and started him on low-dose heparin. The next day his joint pains were dramatically reduced and his lungs improved considerably.

If you suffer from any chronic ailment, low-dose heparin may be just what you need. Hemex Laboratories of Phoenix, Arizona provides excellent state-of-the-art measurements of several key clotting factors that are not measured by any conventional test or lab. They also offer a genetic panel that can probe more deeply into the individual's problem, which helps determine whether treatment should be with heparin, enzymes, nutrients, or all three. Anybody with long-term unresolved or unexplained problems is a candidate for this evaluation. More information on the lab and treatment plans can be obtained by visiting www.hemex.com.

Thus far, I've tested over 20 patients in just a few months and all of them had an activated clotting mechanism. So I highly recommend you see a doctor who is familiar with coagulation therapy and have the test performed (contact the International Bio-Oxidative Medicine Foundation at P.O. Box 30006, Edmond, OK 73003, 541-955-3372. Send a written request and \$5.00 for a list of doctors). It just may be the first step down your road to recovery.

End All Prostate Problems, Including Cancer

As a physician, I often have to discuss some pretty “private” matters with my patients. Talking about prostate problems is one of them.

That’s because the problems associated with BPH, more commonly known as enlarged prostate, can interfere with your “manhood.” Indeed, as the gland enlarges, you can be plagued with a variety of problems “down there.”

Painful urination ... multiple midnight trips to the bathroom ... erection difficulties ... impotence ... and other “unmentionable” symptoms that continue to get worse as you age.

Funny thing, though. Millions of men suffer silently – too embarrassed to bring it up — even though three out of four of their male friends over the age of 50 share the same problems.

What’s worse, they’ll put up with the symptoms because modern medicine’s solutions are often worse than the symptoms themselves.

Take the medical community’s favorite remedy for instance: *Surgery*. Researchers estimate that a staggering 35 percent of all prostate-surgery patients experience complications; eight percent will have to be re-hospitalized; five percent will become impotent; 20 percent will need more operations; and two percent will die!

Then add incontinence — the complete loss of bladder control in 41 percent of men one year after surgery. No wonder why so many men are frightened to death about prostate problems. Who wants to wear diapers the rest of his life?

Fortunately, there are natural, no-surgery, non-toxic solutions that can shrink swollen prostates and stop the nasty symptoms for good.

These natural cures are so powerful that most patients begin to notice positive results within weeks. Their PSA scores drop ... their love life rekindles ... they finally sleep through the night ... and most welcome of all, their pain and discomfort disappears.

All without horrendous side effects. Let’s first take a look at what you can do to prevent prostate problems in the first place and then we’ll discuss what options you have once you have the problems.

Preventing Prostate Cancer

My most important mission is not to help my patients and readers treat disease but prevent it. And most of my methods are inexpensive and do-it-yourself methods. In that light, the most important nutrients you can take that will prevent prostate problems are omega-3 oils (especially fish oil), which can actually prevent cancer and other “less threatening” problems.

The benefits of fish oil and heart disease are well known, but a significant clue to the development and maintenance of cancer is coming clear in a new fish-oil study.

In the study, from the *British Journal of Cancer*, researchers in Auckland, New Zealand evaluated the fatty-acid composition in 317 men diagnosed with prostate cancer and 480 controls matched for age. They found that men with the highest levels of eicosapentanoic acid (EPA) and docosahexanoic acid (DHA), the two main components of cold-water fish oils, had the lowest levels of the cancer.

Specifically, men who had the highest levels of EPA and DHA had a 40 percent reduced risk of getting prostate cancer!

The researchers also found that men with a low socioeconomic status low intake of lycopene (a known prostate friend) and low intermittent use of NSAID drugs were at a higher risk for prostate cancer. (The connection with NSAID drugs to omega-3 fats is intriguing, as we shall see.) But those risks were lowered considerably with increase consumption of omega-3 fats.

The beauty of this study is that the fatty acids were actually measured in the body, making this a very accurate study. The researchers found no correlation with actual levels of oil consumption and diet questionnaires, indicating such surveys are not scientifically accurate.

This study backs up earlier studies that found similar results. For instance, another group of researchers from Seoul, Korea measured fatty acids in red blood cells and found no difference in the amount of saturated fat amongst normals (men who didn’t have prostate problems) and men

with prostate enlargement and prostate cancer. However when they looked at unsaturated fats, omega-3 oils were significantly decreased in both BPH and cancer, and the levels of omega-6 fatty acids were increased in the prostate cancer patients. The ratio of omega-3 to omega-6 was very important, with the amount of omega-3 in relation to omega-6 declining significantly in the following order: normals, BPH, cancer.

The researchers concluded that the ratio of these two unsaturated groups was intimately tied with the development of prostatic diseases. Other studies in humans and animals have also determined that a higher ratio of omega-3 to omega-6 fatty acids in the prostate tissue itself will have a protective effect on the prostate.

Now what can you do?

Increase your consumption of cold-water fish (salmon, mackerel, cod, etc.). These are the fish richest in omega 3. Shellfish is not acceptable nor is it the same. Shellfish contains ample amounts of the arachadonic acid (omega 6), which easily and directly enters the “bad” eicosanoid pathway.

And finally a plug for Alaska wild salmon: Not all salmon are the same. Just like humans, fish are what they eat. Wild fish eat what God provided for them in the ocean. This diet in the cold waters is extremely rich in omega-3 fatty acids. Farmed fish

are fed corn, grains, and convenience land foods similar to what is fed to cattle to fatten them up. And just like grain fed cattle, these fish have a very skewed fatty-acid profile toward the omega-6 side because of the unnatural grains they are fed. Thus, you may actually be harming yourself by eating farmed fish full of the omega-6 fats while believing you are doing yourself a fatty-acid favor.

I recommend wild, frozen fish over fresh, farmed fish any day!

For the vegetarians, a supplement of flax oil or even the better hemp oil provides omega-3 oils, although unlike in fish, the plant derived oils are not fully developed to the longer more beneficial chain fatty acids and may not be as effective. This may be especially true in people who have slow metabolic processes in elongating the fatty acids. Hemp oil has, in my opinion, the ideal ratio of omega-3 to omega-6.

You might also try pumpkin seed oil, which has shown promise in improving the prostate. Some experts claim that prostate problems can be worsened by the presence of parasitic worms in the lower intestine. Pumpkin seed oil kills these worms.

With the skyrocketing rates of prostate and breast cancer, it's wonderful to know that simple dietary intervention can reduce your risk of these and other cancers so dramatically, and an ounce of prevention in this area is worth tons of the cure.

Treating Prostate Cancer

A New Miracle Treatment for Prostate Cancer

When Ellis, 69, was diagnosed with prostate cancer six years ago, he had to choose between radiation treatment, just waiting, or radical prostatectomy — the complete removal of his prostate gland.

In case you haven't heard, prostate cancer is the number one cancer killer of men and kills about as many men as breast cancer does women. Yet of every five federal dollars committed to researching the two diseases, four of them go to breast cancer. Last year, for instance, the National Cancer Institute spent about \$90 million researching prostate cancer and almost \$350 million on breast cancer.

The sad part of this whole story, though, is

that the current money being spent on prostate-cancer research would be plenty if they would simply research some of the treatments already being used by alternative medicine. In fact, there's a therapy already being used in the U.S. and Europe that might bring about an evolution in prostate-cancer treatment (and other cancers as well). The treatment is called hyperthermia.

You've heard of hypothermia, the condition where your body temperature falls dramatically and, if not treated, causes you to freeze to death. Well, hyperthermia is just the opposite.

We'll get into the details of what hyperthermia is in a moment, but first, let me give you an idea of how effective this treatment can be on prostate cancer.

When Ellis visited Dr. Friedrich R. Douwes, medical director and founder of Klinik St. Georg in

Germany, he suffered from a particularly aggressive form of prostate cancer. Three months after finishing his hyperthermia treatments, he visited his conventional oncologist in the U.S. After performing the typical ultrasound imaging and digital rectal palpation, which was how the cancer was revealed in the first place, the oncologist found nothing! The cancer was gone!

Was it a fluke? No, people are getting cured on a regular basis using this treatment. In fact, hyperthermia has achieved a 90 percent remission rate in Stage I and II breast and prostate cancer. But the slow-moving doctors in the U.S. aren't using the right type of hyperthermia.

There are currently two types of hyperthermia being used. One uses microwaves and the other uses radio waves. The microwave treatment hasn't seen the success the radio-wave therapy has, and it burns both cancerous and non-cancerous tissue alike. In prostate-cancer patients, the microwaves cause agonizing urethral pain, which has caused many doctors to abandon the treatment altogether. The radio-wave treatment, on the other hand, seems to have a much greater success rate and doesn't cause urethral pain.

The radio-wave technique has two ways it can heat the cancer: locally (which hits only the affected region) and whole body. Both types require heating the body to a temperature of 107-111 degrees Fahrenheit. With local treatment, the heat is directed straight at the cancer by passing electromagnetic waves from a transmitter through the patient to a receiving plate. Cancer tissue is more dense than normal tissue and radio waves are more readily absorbed by denser tissue, so the heat is concentrated in the tumor, killing it.

The whole-body treatment is used with cancers that have spread beyond the organ, which is oftentimes the case with prostate cancer. Early diagnosis of prostate cancer is very difficult, so by the time your cancer is found, it has probably spread beyond the prostate. In some cases, many doctors will use both the whole-body and the local treatment together.

How does hyperthermia work? High temperatures kill cancer in several ways. The details get a little technical, so hang with me. Heating tissue increases metabolic rate. Cancer cells will increase their metabolism. However, they also have a rapidly built primitive blood supply where the metabolic needs can easily surpass the ability of the vessels to deliver nutrients, remove heat or meta-

bolic toxins. Consequently, the demands of the cells will outstrip the vasculature capacity and the cells will starve, smother or rot in their own unremoved poison byproducts. Some of these are acids, which must be removed for cells to function. (Cancer cells do a lot of fermentation for energy production, which generates lots of acids). Failure of circulation to carry these away is lethal to cells. Additionally, normal cells, with a well-established permanent blood supply have the ability to disperse and carry away heat simply by increasing circulation (look at the engorgement of your veins on a hot day). Cancer cannot do this and will bake in the heat.

The heat also damages the membranes, proteins, and enzymes of cancer cells, making them much more vulnerable to anti-cancer agents. That means almost any treatment currently used to treat cancer, whether it be chemotherapy, radiation, herbs, or nutritional agents, will be more effective if used in conjunction with hyperthermia. Many studies have shown that cancer cells succumb to chemotherapy and radiation much faster after being exposed to high levels of heat, since the heat damages their repair mechanisms.

In my opinion, full-dose chemotherapy for prostate cancer is malpractice and will be so viewed some day, even when used in conjunction with hyperthermia. Radiation by itself is a desperate measure, offering temporary relief (if that), but at a terrible price due to immune depression and destructive changes to normal tissue. This can result in permanent proctitis and cystitis (inflammation of the rectum and bladder), two most terrible conditions to live with. Low-dose chemotherapy or with insulin potentiation therapy may be far more useful than conventional full-dose chemotherapy, and especially when combined with hyperthermia. Of course, nutritional and detoxification strategies are a must.

Is this another of those hard-to-find treatments that helps only a handful of people? Well, sort of and no.

As I said earlier, most of the doctors in the U.S. are using the microwave form of hyperthermia. I don't recommend this type of treatment for prostate cancer because of the pain it causes in the urethra. In order to get radio-wave hyperthermia, you'll probably have to go to Europe. The treatment has been approved by the FDA, but doctors in the U.S. have been slow to make the move.

Dr. Douwes, who cured my friend Ellis

using hyperthermia, told *Alternative Medicine* magazine that “killing malignant tumors is usually not difficult, and a synergy of treatments works best for that. The biggest challenge comes about afterward, to keep tumors from coming back once patients leave the clinic and resume a normal lifestyle. To prevent their reoccurrence, one must keep the immune system strong with diet, exercise, nutritional supplementation, and especially a positive mental attitude.”

These are the same things you need to do in order to prevent the cancer from developing in the first place.

Action to Take

(1) If you have prostate cancer, do not submit to surgery! It has been most rare, indeed, for me to see a man who has had radical surgery (which can easily lead to permanent sexual dysfunction) remain cancer free years later. I don't think I've ever seen even one such lucky case.

(2) Instead contact the North American Hyperthermia Society at 630-571-2904 or www.thermaltherapy.org.

(3) You can also contact Dr. Friedrich Douwes directly at the Klinik St. Georg. His mailing address is: Rosenheimer Str. 6-8, 83043 Bad Aibling, Germany. Telephone: 49-8061-398-0; e-mail: Prantseck@t-online.de; Web: www.klinik-st-georg.de.

(4) It is absolutely vital that you get your diet, nutritional needs, and hormone levels in balance. If you don't, getting rid of the cancer will be a temporary fix. You'll need to work with an alternative-minded doctor to do so.

(5) You might visit the Web site www.iptq.org and find a physician trained in insulin potentiation therapy, a low dose non-toxic form of chemotherapy which uses the hormone insulin to make it far more effective. See my special report *New Breakthroughs for Preventing and Surviving Cancer* for more information.

(6) The thing men over 60 dread most is not prostate cancer, not a heart attack, not a stroke — it's prostate enlargement. Not being able to urinate naturally and always worrying about a bathroom being close at hand is a truly humbling way to live. While prostate enlargement is not related to prostate cancer, it causes symptoms in one-fourth of men by age 80, and nearly all show signs of “benign prostatic hypertrophy” (BPH) by the age of 85. If you have early symptoms of BPH — frequency of urination, a burning feeling

at the pubic area after urinating, and a stream that isn't what it used to be — take saw palmetto, one capsule twice daily. You can buy saw palmetto at most health food stores, but one product I really like is Healthy Resolve's Palmetto Plus. It has saw palmetto, plus several other herbs in it that add some potency to the product. You can order Palmetto Plus by calling 800-728-2288.

Ref. Kaltsas, Harvey, DOM, AP. “Too Hot for Cancer,” *alternativemedicine.com*; *Clinical Biochemistry*, August 1999; *British Journal of Cancer*; *American Journal of Epidemiology*, 1998; *Journal of the National Cancer Institute*, April 15, 1998.

Stop Prostate Cancer by Eating Fat!

I had a heart wrenching moment during one of my weekly radio shows a few years back.

David called to ask me if there was anything he could do for his rapidly rising PSA. Eight years before, at age 44, he had a slight rise in the PSA, prompting a prostate biopsy confirming “early cancer.” Taking his doctors advice, he went for a radical prostatectomy.

On the radio, with his voice quivering, he acknowledged the end of his wonderful sexual intimacy with his wife following the surgery, as well as some urinary incontinence. His marriage was strained as a result.

My voice also was broken up for the pain I new he was feeling, as I related the sad truth that no conventional therapy has shown any value for prostate cancer over doing nothing. So in fighting his war on the cancer, he lost his ability to make love to his wife and the war itself. He's not alone among prostate-cancer victims.

Medical pundits have lauded the PSA test for prostate screening. Yet, it's surrounded by great controversy. Many men with PSA in the “normal” range have prostate cancer, even with known metastasis, and many men with elevated PSA have no cancer at all. Dr. Otis Brawley, professor of medical oncology and epidemiology at the Winship Cancer Institute of Emory University, is concerned. National data, he said, make him wonder whether the PSA test is saving many lives.

The test, Brawley said, has led to a huge increase in the number of prostate-cancer diagnoses.

But if the PSA were saving lives, the early diagnosis of prostate cancer should lead to a sharp downturn in its death rate. That has not happened, Brawley said.

While the mortality rate has fallen, it did not fall precipitously with the advent of PSA. He is

very concerned that the PSA is leading to a diagnosis of cancers that are not dangerous and would never lead to the death of the individual. And, many cancers being discovered may not be treatable by any means.

“The concept that every cancer that can be found early can be cured is a faulty concept,” he said. Thus, Dr. Brawley, at 42, has not been tested and refuses to do so. At 52, I haven’t been tested either, and don’t intend to do so. Men undergoing PSA must understand that there are many false positives, as well as false negatives. And the finding of a cancer by PSA and follow-up biopsy does not guarantee the cancer can be cured at that stage, nor that it would even be dangerous. Medicine knows that if you wait long enough, virtually all men will have microscopic clusters of cancer in the gland, but the fact that the cancer is not killing them all leads us to suspect the truth of Dr. Brawley’s conclusions. By the time a cancer is detected, whether in the breast, prostate, or elsewhere, chances are great it has already spread.

If not PSA testing, what then? I don’t believe in screening for something when it’s too late. By the time cancer develops, a positive mammography or a true high PSA are likely too late or, if fortunate, that particular cancer will not be a problem. It makes far more sense to prevent the problem in the first place. And there’s clear data prevention is possible.

In 1996, Dr. Larry Clark, of the University of Arizona, published startling data suggesting that prostate cancer could be reduced by as much as an amazing 60 percent by supplemental yeast derived selenium, 200 mcg per day. Selenium is a powerful antioxidant and participates in key and crucial detoxification and free-radical scavenging enzymes. His work is being confirmed in other ongoing studies.

In 1999, a New Zealand study published in the *British Journal of Cancer*, documented a 40 percent lower incidence of prostate cancer in men with the highest levels of the omega-3 fish oils EPA and DHA in their blood. The relationship held fast when other markers, such as lycopene intake and socioeconomic status, were taken into account. These findings have been confirmed in other studies. Conversely, another published report documents a high level of omega-6 to omega-3 fatty acids in invasive prostate tissue samples.

Taken together with recent reports on high levels of omega-6 fatty acids linked to breast can-

cer, a common thread emerges. The American diet is overwhelmed with omega-6 oils, such as corn, soy, safflower oils, etc. Excess omega-6 fatty acids are carcinogenic and can cause inflammation. If the ratio of omega-3 to omega-6 fats is in the right proportion (1:1), the omega-3s will directly counteract these negative effects of the omega-6s. But an out of balance ratio will overwhelm the omega-3s. Trans-fatty acids from hydrogenated oils seriously add to the problem.

There are other nutrients that have been shown to reduce prostate-cancer risk. Vitamin E and lycopene have made the news. Both are antioxidants. Lycopene is found abundantly in tomatoes, especially cooked tomatoes. If you like salsa, this is a great way to fight prostate cancer.

Finally, while red meat has been getting hit hard lately in the risk of cancer, I want to point out that most of America’s meat supply is grain fed, totally upsetting the favorable natural omega-oil balance. Furthermore, another most favorable nutrient, conjugated linoleic acid (CLA) is richly present in grass-fed beef and dairy products from the same. CLA, like omega-3 oils, likely balances out the inflammatory and carcinogenic properties of the omega-6 oils.

Action to Take

(1) There’s little dispute over the cancer- and circulatory-protecting properties of omega-3 fats, and the detriments of excessive intake of omega-6 fats. I recommend immediately ceasing all commercial oils and hydrogenated fats, including fried foods (unless you fry it in butter or lard and don’t use corn meal or flour). Increase your cold-water wild fish intake (NOT FARMED — farmed fish, fed grains like cattle, have a poor content of healthy omega fats compared to their wild cousins). Shellfish is not a good alternative, either.

If you don’t eat fish or worry about mercury toxicity, try grass-fed beef. A recent review of our ancestors confirms what I’ve said about the value of grass-fed beef. Scientists are looking at the diets of past hunter/gatherers as well as modern societies. Staffan Lindeberg, of Lund University in Sweden, for example, found that islanders in Papua New Guinea who eat yams, fruit, fish, and coconut rarely suffer from heart disease. However, the Inuit Eskimos, from my beloved Alaska, also were rather immune to vascular disease until their traditional diet of meat and animal fat was replaced by “civilized foods.”

Lauren Cordain of Colorado State University in Fort Collins is one who has advocated the Paleolithic diet. Cordain and his team compared the muscle, brain, bone marrow, and fat of wild animals with those of cattle. They found steaks from wild animals have about two percent total fat, as opposed to the five to seven percent in lean beef. Wild tissues also contained more omega-3 fatty acids, which are abundant in oily fish and have been linked to a reduced risk of heart disease. Pasture-fed cattle have a fat content more resembling wild meat than grain fed.

Naturally grazed animals also have a high content of conjugated linoleic acid (CLA), a fat that counteracts the inflammatory actions of its omega-6 cousins.

I recently received an analysis of grass-fed beef from Grassland Beef, LLC (RR 1 Box 20, Monticello, MO 63457; toll free: 877-383-0051), which was performed at the University of Iowa. The results showed a startling 16:1 ration of omega-3 to omega-6. This is far, far superior than even Alaska's wild salmon. For those preferring meat, this is most welcome news!

(2) On the plant side, flax, walnut, and especially hemp oils have the best beneficial omega-3 content. However, hemp oil may be scarce due to government's shortsighted, overzealousness in banning use of an exceptional food source in its drive to eliminate this relative of the marijuana plant.

(3) Three other foods you need to add to your diet are tomatoes, nuts and seeds, and Brewer's yeast.

There is a compound found in tomatoes called lycopene that is being studied for its prostate protective effects. One study showed that men who ate just two servings of tomatoes (as in pizza or pasta sauce) each week had a 34 percent less risk of developing prostate cancer.

When you want a snack, have nuts and seeds, which contain high amounts of zinc and essential fatty acids necessary for prostate health. Pumpkin seeds are a great choice as are walnuts. When you eat nuts, eat them raw, not roasted, so the oils are fresh and intact.

And, finally, try some Brewer's yeast, which

is a great source of selenium. Selenium in the diet is linked with lower cancer rates.

(4) Three foods you need to avoid include bell peppers, alcohol, and meat from unnaturally fed cows.

Red pepper is a prostate irritant. Other herbs can add zest to your foods without aggravating your prostate health.

Alcohol contributes to benign prostatic hypertrophy. Alcohol also raises estrogen levels, in men and women and elevated estrogen in men is risky for prostate health.

(5) I also recommend a natural source of mixed tocopherols (vitamin E) 400 IU per day and selenium (best in this case is yeast derived) 200 mcg per day.

(6) Eat organic foods whenever possible to reduce chemical and pesticide residues on food. Such compounds, called xenobiotics (man-made chemicals), have powerful estrogen-like properties and can cause cancer in both sexes. Men, like women, ought to consider a test for urinary estrogen ratios. An unfavorable ratio of 2:16 hydroxy estrogens (16 is likely carcinogenic) can be corrected with indole-3 carbinole, a nutritional supplement derived from Brassica vegetables. I personally believe prostate cancer to be estrogen related, not testosterone related!

(7) Because omega-3 fatty acids are in short supply in most diets, I strongly suggest you take a fish-oil supplement, as well as CLA. I've worked closely with Healthy Resolve to develop one of the best fish-oil capsules you can buy. For more information, please call 800-728-2288.

(8) If you have prostate cancer, please don't submit to surgery, chemotherapy, or radiation. There's no evidence these will extend your life, but they will severely diminish your quality of life.

In short, eat naturally, eat organic, load up on vegetables, high omega-3 foods and oils, and supplement the diet with selenium, vitamin E, fish oil, and CLA. I believe that taking these steps will do more to solve the prostate-cancer problem than any variation of the PSA test ever could, by dramatically reducing the development of prostate cancer rather than trying to detect it after the fact.

Make Yourself Heart Attack Proof

If you want to avoid a heart attack or stroke — or heart disease altogether, for that matter — please try to forget everything you've been told about stopping America's #1 killer.

Forget fat. Forget cholesterol. Forget angioplasties. You can stop heart disease and even reverse it by tuning the experts' advice out.

No, I'm not recommending you take up smoking or becoming a full-time couch potato. But the truth is that much of what you've been told to abandon for the sake of your heart is actually beneficial for it.

That's right, the "authorities" are flat-out wrong!

And the consequences are high. Cardiovascular disease, including stroke, kills almost one million people in the United States each year — that's one death every 33 seconds.

It wasn't always this way, however. Heart attacks have increased from virtually nonexistent in 1910, to causing about 3,000 deaths per year by 1930 and 500,000 deaths per year in 1960! And despite billions of dollars in heart research, that number has not dropped one iota in the past 40 years.

There are several reasons for this massive increase in the number of heart attacks, but two reasons that are extremely high on the list are increased homocysteine levels and essential fatty acid deficiencies.

High Homocysteine Levels Are Deadly, But Easily Controlled

Some 30 years ago, an obscure medical researcher published findings that high levels of a metabolite called homocysteine were associated with a higher risk of coronary artery disease. This was during the height of the foolish cholesterol myth and the establishment deliberately ignored the concept. With newer observations that half of heart attacks occur in the presence of normal cholesterol, the medical orthodoxy is belatedly revis-

iting this and other potential risk factors.

Homocysteine is a normal but problematic product of metabolism of the amino acid methionine (an essential amino acid). The body readily disposes of it by reacting with enzymes involving the vitamins folic acid, B12 and B6, via a process called methylation. Its significance is that elevated levels of homocysteine do, in fact, confer a dramatic rise in vascular risk. It seems to directly damage arterial walls, and to thicken the inner lining of arteries. Increased oxidation and binding to the vascular wall may be additional mechanisms.

Furthermore, homocysteine may promote the oxidation of low-density lipoprotein cholesterol, vascular smooth muscle cell proliferation, platelet and coagulation factor activation, endothelial dysfunction, and thromboembolic events. *All of this may lead to a dramatic increase in the aging process.* Therefore, altered homocysteine metabolism has become the focus of increasing attention because of its potential role in the pathogenesis of atherosclerosis and other conditions, such as venous thrombosis. Multiple studies have confirmed it as an independent risk factor for atherosclerosis.

The best method of measurement is four to six hours after an oral methionine load of 0.1mg/kg. The cost of the test varies widely. Until recently it was used only as a scientific and investigational tool but with its increasing acceptance as a major risk factor, many labs offer the test with costs ranging from \$30 to \$100.

There are three enzymes involved in getting rid of homocysteine. They are dependent on the aforementioned vitamins. Many people have an inborn deficiency of one of these enzymes with the following order of decreasing frequency: folic acid, B₁₂, B₆ dependent enzymes. Those with homozygous (genes inherited from both parents) will be at the greatest risk.

"The prevalence of hyperhomocysteinemia in the general population is between five and 10 percent and may be as high as 30-40 percent in

the elderly population. If population-based studies are correct, total homocysteine may be responsible for up to 10 percent of CAD events and thus may represent an important and potentially modifiable risk factor for cardiovascular disease.” (*Canadian Medical Assn. Journal*, July 11, 2000)

These are big numbers. And the threshold used for elevated levels was set at 15 micromoles per liter. The problem may be exponentially worse if the levels similar practitioners and I use are employed.

High homocysteine levels can indicate a relative deficiency in one or more of these enzymes or a deficiency of one or more of the vitamins that prime the enzymes. The good news is that supplementing with the vitamins, even in those with the genetic deficiency, maximizes the efficiency of the enzymes and can dramatically reduce toxic homocysteine levels, in the overwhelming majority of cases.

Medical articles are promoting an optimal level of less than 12 micromolar per liter homocysteine as optimal. However, they also admit that the damage increases with increasing levels and, therefore, there may not be any threshold for absolute safety. Therefore, I have tightened the standards for my patients to be under 10. (Laboratory values for “normals” in the USA are notoriously too broad and do not represent the “ideal.”) There are other metabolic factors that may interplay in homocysteine levels including the presence of certain cancers, hypothyroidism, psoriasis, and anti-seizure drugs and the anti-cancer drug methotrexate.

Who should be measured? Medical orthodoxy recommends consideration of measurement in patients with premature vascular disease or a strong family history of coronary artery disease, especially if standard accepted risk factors are not present. If your doctor has adopted these views also, you may be endangered, as I believe testing only for these factors is wholly inadequate and may lead to thousands if not millions of otherwise preventable circulatory diseases. Just consider the figures reported by the CMA above. Thirty percent of the older population represents millions.

I believe anyone with any chronic degenerative vascular disease at any age should be tested. Simply testing those without other traditional risks or those with a family history will miss older individuals believed to have “normally” developed hypertension or coronary disease as a result

of their advanced age. Those diseases had to have a cause. All reasonable and especially correctable risk factors should be identified. The elderly could develop this risk more frequently, simply as a function of less efficient vitamin absorption.

The “standard American diet (SAD)” is woefully inadequate in many nutrients, including the all-important folic acid. Therefore many younger hypertensive patients without family history may be saved when properly identified. Vegetarians and especially vegans may be at heightened risk because the best sources of B12 are animal products. However, it’s a mixed bag for them since high quality vegetarianism (high intake of fresh living vegetables) blesses one with lots of folic acid, found in vegetables. Consequently, my B12 level is in the lower third of normal since I de-emphasize animal products in my own diet (because of my metabolic type), yet my homocysteine level is a comfortable 8.6. I believe this is largely because my folic acid is astronomically high because of my high fresh-vegetable diet.

(Incidentally, homocysteine is not a good measure for the function of B₁₂. Neither is measuring B₁₂ itself. One can have normal levels of the vitamin, yet it may not be functionally working due to genetics or other factors. Homocysteine is a more accurate measure of folate metabolism than B₁₂. For functional B₁₂, consider an assay for methyl malonic acid.)

Finally, adult diabetics and those significantly obese ought to consider homocysteine measurement. An article in *Diabetes Care* (2000; 23) reported that elevated levels of insulin impair the homocysteine metabolism in childhood obesity. Adult type-2 diabetics should be wary since they are insulin resistant and usually have quite high circulating levels of insulin, unable to control blood sugar due to resistance, but able to wreak havoc on other body systems including, quite possibly, homocysteine. While this study was done in obese children (who will have high insulin), I have no doubt it will also pertain to adults.

The average American intake of folic acid, found abundantly in fresh vegetables is about 200 mcg/day. That is far, far below the dose considered optimal — 650-1,000 mcg per day. B₁₂ is the largest vitamin and the most difficult to absorb. And as we age, the stomach makes less acid, vital for B₁₂ absorption, which explains the rise in incidence of high homocysteine in the elderly. Isolated B₆ deficiency is not uncommon

either (in the SAD diet), but is a rarer cause of high homocysteine.

Homocysteine Outcome of Vitamin Therapy

Studies have shown that additional folate, either by supplementation at 400 mcg/day or improvement in folate from natural food sources both resulted in reduction of homocysteine up to 25 percent in patients with or without vascular disease. Addition of B₁₂ led to further reduction of homocysteine averaging seven percent. Vitamin B₆ (50-250 mg) appears to lower homocysteine levels after methionine load by 21-42 percent, but it had little effect when homocysteine was measured without the methionine.

The ongoing Nurses Health Study has shown that women who consumed more than 400 mcg of folate or three mg of B₆ per day had a significantly lower risk of heart disease than those with lower folate and B₆ intakes. Furthermore, an uncontrolled study in the highly prestigious journal *The Lancet* in 1998 (9;352:263) demonstrated actual regression of plaque in carotid arteries in patients with hyperhomocysteinemia who were given daily amounts of folic acid (3.5 mg-5 mg), B₆ (25 mg), and B₁₂ (250 mcg) daily over four years. I consider this significant even if uncontrolled, since the natural history of atherosclerosis in the absence of treatment is progression. Of course, the participants may have also began eating better, exercised more, and developed a healthier attitude. However, another study published a year earlier (*J Inherit Metab Dis* 1997;20) also found a lower rate of vascular events in those taking similar supplements.

A few years ago, at the semi-annual conference of ACAM, I heard a lecture and saw photographed pathologic evidence of regression of atherosclerosis presented by a world-renowned researcher in the field.

My Treatment Guidelines

It is my practice to routinely screen all hypertensive and cardiovascular patients for homocysteine. Additionally, I also screen people who have a family history of heart disease, since mishandling of homocysteine is genetically linked to enzyme expression and handling and transport of the vitamins.

If homocysteine is high, I measure folic acid

and B₁₂ since my lab does both as a group cheaper than either one alone. My first treatment is to increase the intake of fresh vegetables to obtain natural folic acid and B₆. This is just common sense. Vitamin B₁₂ is found in animal protein: Organic eggs, non-farmed low mercury fish, and organic meats and dairy are good natural sources.

I believe supplementation is necessary since high homocysteine often indicates a problem with the body's handling of one of these vitamins. Medical authorities are recommending a multivitamin containing at least 400 mcg of folate plus and additional folate supplement of 800 mcg per day. Folate supplementation can mask a B₁₂ deficiency, which can lead to serious neurologic complications if left untreated. Regardless, I supplement with five mg of folic acid in liquid form in addition to a multiple vitamin. If the B₁₂ levels are low, I look for problems with stomach acid and provide B₁₂ by injection since oral absorption is variable and may be significantly impaired in these individuals. B₆ is automatically included via the multiple vitamin.

This regimen has solved all of my homocysteine patients' levels by lowering the homocysteine to below 10 in just a few months. However there are patients with severe genetic enzyme deficiencies, homocysteinuria, or renal disease that may require even more vigorous supplements and still may not see their levels return to below the medical authorities liberal cut-off of 12. These people need to be carefully watched and supported in every way since they will be at great risk.

Considering how inexpensive supplementation is, and the tremendous safety and efficacy, I do not believe it is necessary to elucidate the underlying specific defect in every patient at great lab expense, nor to foolishly wait until there is more supporting medical literature. If homocysteine is high, institute supplementation and dietary improvements immediately and you will reduce your risk of a vascular problem and even reverse the component of atherosclerosis attributable to the high homocysteine levels.

Vitamin B₁₂ is best given by injection and 2,000 mcg per month are usually adequate. For supplementation, I prefer to give a combination of high potency vitamins emphasizing the B series, and I provide additional folic acid at five mg per day.

In my two most recent clinic cases where there was highly advanced and symptomatic clog-

ging of the arteries and concomitant high homocysteine levels, appropriate folate treatment as described with B₁₂ administered through chelation therapy caused the levels to plummet to below 10. There were simultaneous remarks from the patients of dramatic improvements in energy, exertional tolerance, mental clarity, and sense of well-being.

This is one problem you can and should presently know more about than the average physician and now you can take control.

Fats in Our Diets

I must admit my humor is roused when I read the misguided information foisted upon the American people regarding fats in the diet. The supporters of Pritikin, Dean Ornish and followers have bullied it as the great villain, and high fats praised as the weight-loss panacea by Atkins. While both sides are right, depending on your metabolic type, the real story of fats lies in what fat actually means to the fundamental biochemistry of the human body.

Fats have multiple purposes. They serve as fuel for both immediate needs and future (storage in fat tissues). Far more fat can be stored than carbohydrates. Fats make up the vast percentage of cell membranes and characteristics of those fats determine membrane qualities. The brain is mostly fat, the myelin sheath and membranes built out of fatty acids. And extremely important, certain fatty acids termed “essential fatty acids (EFA)” (which are unsaturated are involved in the production of hormones and other compounds involved in the stability of circulation, inflammation and immunity). EFAs are so named because like vitamins, our bodies cannot make them and they are an absolute dietary requirement. They happen to be unsaturated, since the body can easily make and store saturated fat out of excess carbohydrates that we eat.

The body has the ability to make omega-9 unsaturates, but unfortunately, these do not play a role in the essential functions of the omega-3 and 6 derived hormones and other biochemical mediators. The body also has the ability to elongate a fatty acid and to place further double bonds as it does so, just never in the initial 3 or 6 position. Thus the body can take linolenic acid (from flax or hemp).

And by elongating and further desaturating it (by the enzyme delta 6 desaturase), make EPA

(longer and more unsaturated fatty acids found in fish oil) out of it: These may be converted by the body into hormones and compounds that protect circulation, prevent abnormal clotting, balance inflammation, support calcium metabolism, improve cell membrane mechanics, and more.

Trans-fatty acids are a totally different animal. They act more like the inflexible saturated fatty acids and worse yet, they do not easily fit into fat metabolizing enzymes, thereby gumming them up and jamming the fragile delta 6 desaturase enzyme, so important in the manufacture of the rest of the fat structures required by the body. This enzyme is already naturally slow. Impairing it unnaturally can result in critical deficiencies in the longer more unsaturated fatty acids required for functions described above. Margarine and “partially hydrogenated” oils are made through a deliberate heating and chemical alteration process of unsaturated fatty acids. The result is the advertised “unsaturated” fats and “low” or “no cholesterol” margarines, but a product loaded with highly toxic trans-fatty acids having no place in the body or good way to metabolize them. The key does not fit the lock of enzymes and gums them up just like a stuck key in your door lock.

Unsaturated fats play a crucial role in body functions. Their presence in cell membranes makes them more flexible. They line and protect neurons, serve as required precursors to hormones described above, provide a moisture barrier for your skin, and are major participants in the immune and inflammatory response. A deficiency can lead to fat and cholesterol metabolism imbalances, uncontrolled inflammation, hypertension, clotting abnormalities, heart and circulation disease, dry skin, PMS, asthma, neurological dysfunction, immune disorders, hormone imbalances, and more.

Scientists have worked hard to determine the proper balance of EFAs. There is no one figure. Humans living in the arctic for years had diets very heavily laden with omega-3 oil from marine life. (And Eskimos, eating a diet so full of fat, had remarkably little or no heart disease eating their traditional diet, largely due to the influence of omega-3 oils, especially EPA.) In the tropics, natural oils from plants are more heavily saturated and the unsaturated varieties are richer in omega-3. Therefore, there is some wisdom to the old Chinese adage of the foods that grow around you are best, since they fit the needs of the local environment. Most reviews I have seen suggest a two

to one ratio of omega-6 to omega-3. Optimum intake is individually variable, but a good range is about 15-20 grams omega-6 and 7-10 grams of omega-3. The one most deficient in the American diet is omega-3, since commercial vegetable oils are largely made with omega-6 oils.

As mentioned, many people have significant problems with the key enzyme that helps make the longer chains more unsaturated. Aging, diabetes, trans-fatty acids, free radical pathology, environmental chemicals, and vitamin deficiencies all can combine to severely reduce activity. Then one would need to ingest fatty acids that bypass this rate-limiting step. The oils of borage and evening primrose serve to bypass the defect on the omega-6 side and fish oil or EPA bypasses the defect on the omega-3 side. DHA deserves special mention. Critical for brain function, it is found in ample amounts in human breast milk. Commercial American baby formulas have none. Studies have shown that breast-fed babies have higher IQ performances and that formula-fed children and deficiencies from commercial unnatural food and formulas may lead to behavioral and neurological deficiencies.

Now for the dark side of the PUFA (polyunsaturated fat) story:

Most Americans have been bombarded with ads pushing commercial oils as healthy polyunsaturates. What the consumer is not told is the condition of the oil. Exposure to heat and light can provide enough energy for one of the hydrogens to swing around into the more stable trans form. All commercial oils except those specifically marked "cold pressed" or "expeller pressed" are processed with significant heat enough to mutate a high percentage of these bonds.

Further, exposure to light in the clear bottles continues the reactions. The processing is often done with hexane (a petrochemical solvent) extraction. The hexane is later evaporated off at 150 degrees Celsius (C), but is next to impossible to get it all out. Next step is degumming which removes very healthy compounds carried in the oil for the sake of clarity. This is done at 60° C. Oil is then refined with caustic soda to remove free fatty acids at around 75° C.

Next, bleaching gets out more of the original colors, but creates toxic peroxides. Finally the oil is steam distilled in the absence of air to further refine and purify the oil. At 240°-270° C (over 460° F), this temperature far exceeds the 160° C

threshold where toxic trans-fatty acids begin abundantly forming. The final product is a dangerous mix of plasticized chemical structures nowhere found in nature and very deleterious to the body. And then, the unknowing consumer may fry on top of all that!

The oil, once in the consumers' hands is opened, exposed to air, and may be used for cooking. The double bonds, very rich in electrons are immediately attacked by electron-seeking oxygen and a class of compounds called peroxides is made. These are among the most dangerous chemicals to ingest since they break down spontaneously to free radicals and can inflict enormous damage on the body inciting vascular disease, aging, DNA damage, immune dysfunction, inflammation, etc. The irony here is that the more unsaturated the oil is, the more vulnerable it is to oxidation, so those "healthy" oils calling for you may be setting you up for serious problems, depending on how they were processed and how you use them.

Containers: Most oils are now sold in plastic. I would not consider ever buying oil in plastic. Oil is a solvent for petrochemicals. Plastics are made from petrochemicals and to make them flexible, highly toxic phthalates are added. These can easily leach out since they are oil soluble. They are injurious to body organs, especially gonad function.

Margarine: Look at the main ingredient: "partially hydrogenated oil." When unsaturated bonds are filled with hydrogen, the forced chemical process agitates the fragile oils so that high trans-fatty acids are produced. It does not matter what the oil source is. Further, if you see the above chemical structures for the EFAs, notice that the double bonds are three apart. Hydrogenation can turn them into a more stable two apart, compounds not found in nature and which may wreak havoc on the body. These processes allow the manufacturers to start with a cheaper quality oil that probably would have been discarded for human consumption anyway if not put through such processing.

Complete hydrogenation fills all the vacancies with hydrogen, leaving no double bonds, so there will be none to assume unnatural positions. It is making a saturated fat out of unsaturates. Saturated fat is more stable to cooking and has a long shelf life. However, this process of delivering saturated fat can also end up with impurities from the unnatural process.

Toxic oils: Beware of cottonseed and “Canola” oils. Canola is really rapeseed oil genetically engineered to have “less” highly toxic erucic acid than its wild cousin and is renamed for the Canadian Oil Company. It can cause fatty degeneration of the heart and other organs. Cottonseed, one of the most highly pesticide-sprayed products, contains a toxic cyclopropene fatty acid that’s associated with significant damage to the gonads, liver, and gall bladder. It’s found in almost all processed foods — just look on the label.

Is there confirmatory research to all this? Just recently in the *European Journal of Clinical Nutrition* it was reported that patients with heart disease have significantly lower levels of developed omega-3 fatty acids including EPA, DHA, and DPA (all lengthened and more unsaturated fatty acids of the omega-3 series). The afflicted group also had higher levels of trans-fatty acids, linoleic acid, and LPH linolenic acid in their tissues. While the latter two are essential fatty acids and the body can build the longer more complex and unsaturated fatty acids from them, the common denominator is the trans-fatty acids which significantly inhibit the body from developing the 18 carbon chain EFAs into the highly beneficial EPA, DHA, and DPA.

My recommendations: Look for mechanically pressed oils (as opposed to solvent extracted) that are unrefined, thereby avoiding all the heat and chemical treatment to make them look pretty.

Olive oil, with one unsaturate is the most stable oil used for cooking and food purposed and has been associated with many cardiovascular benefits. Organic is always best since oils are solvents for pesticides. However, its fatty acids are not essential.

The best way to get essential fatty acids is intact in your food where it is in its natural state and not likely to become toxic. Nuts and seeds are excellent sources. However, raw is the only way to go, since the roasting exposes the fragile oils to heat, which can spoil them as above. Generally, nuts and seeds from northern climates will be more loaded with omega-3 oils and omega-6 rich products arise from the south.

Similarly, cold-water marine fish have abundant omega-3 oils. The usual cooking process does not destroy them. Walnuts, flax, and hemp seeds are the best sources of omega-3 with hemp seeds my favorite since they have what I consider

to be the ideal balance of omega-3 to omega-6.

Safflower, sunflower, soy, and similar have more omega-6 and less omega-3. Most people, therefore, are generally imbalanced on the side of omega-6, a recent change in the human diet with possible deleterious consequences.

Shellfish do not fit in here nor do farmed fish. Shellfish have excessive arachidonic acid, also a highly unsaturated omega-6 fatty acid, but it can enter into a proinflammatory pathway. Since we are already prone to that from the terrible condition of the human diet, intake of the anti-inflammatory EFAs, especially omega-3, is more desirable. Farmed fish could have God knows what since their diet is not wild but could be anything from ground-up cattle brain to pesticide loaded genetically modified grains. One look at the flesh of a farmed salmon to an Alaskan wild salmon would convince the greatest skeptic.

There is fat in everything we eat since it forms the membranes of cells. A diet as close to nature as possible, following my recommendation should provide all the EFAs you need, but if imbalanced by commercial, processed, refined, and genetically altered organisms, please beware.

If you must fry, use a saturated fat or extra virgin olive oil. Stir-fry only, it goes at a much lower temperature than deep-frying. Buy oil in glass or metal containers only. Never eat hydrogenated oil or products containing them.

An outstanding book on this subject is available by Udo Erasmus, *Fats That Heal, Fats That Kill*.

Magnesium and Other Heart Matters

Research done years ago proved that magnesium protects the heart. It dilates blood vessels, aids in the absorption of potassium into cells (which will prevent heartbeat irregularities), acts as an anticoagulant (blood thinner), and keeps the blood cells from sticking together (thrombosis). Autopsies of the heart muscle following death by heart attack almost always reveal that the heart muscle is deficient in magnesium.

But magnesium, which is absolutely essential for a healthy heart, isn’t the only natural way to protect yourself from heart attack. Here are few examples:

• **Oatmeal** — A study from Johns Hopkins University found that two ounces a day reduced the LDL cholesterol in men by 16 percent in six

weeks. The researchers found that the more oatmeal you eat, the lower your blood pressure goes.

- **Salmon oil** contains a strong platelet anti-sticking agent called eicosapentaenoic acid (as long as you can pronounce salmon oil, don't worry about it). Olive oil is also excellent for your heart.

- **Garlic** also tends to block the clotting mechanism.

- **Vitamin B₆** stops platelet aggregation and converts the highly atherogenic (artery hardening) homocysteine from overcooked meat to cystathionine and thus prevents it from damaging your arteries.

- **Niacin** is a well-known, anti-atherosclerotic (hardening of the arteries) agent.

- **Vitamin C** is an important factor in prostaglandin production and hence is cardio-protective.

- **Vitamin E** is also important in the production of prostaglandins.

- **Bromelin** reduces platelet stickiness.

- **Zinc** is a necessary catalyst in certain metabolic processes essential to the health of your arteries.

- **Folic acid** neutralizes the atherogenic xanthine oxidase found in homogenized milk.

- **Carnitine** and **taurine**, two of the amino acids considered non-essential by most dietitians, are absolutely essential for a healthy heart.

Ref: Personal interview with Richard M. Delany, MD, FACC; *Biochemical and Biophysical Research Communications* (BBRC), vol. 212, no. 1, 1995; BBRC, vol. 199, no. 3, 1994; BBRC, vol. 192, no. 1, 1993; BBRC, vol. 224, no. 2, 1996; *International Journal of Clinical Pharmacology and Therapeutics*, vol. 36, no. 9, 1998. *Vitamins and Cancer Prevention*, Wiley-Liss, NY, 1991; *Washington Post*, May 13, 2000; *American Family Physician*, vol. 56, no. 6 October 15, 1997.

Lower Leg Pain May Be Serious

Dr. Zhad Korduba is a New York anesthesiologist who admits, with all his medical training, he should have known better. Korduba enjoyed hiking, but a few years ago noticed his legs got unusually tired while walking uphill. Later, he had severe leg cramps after tennis.

"If a patient had come up to me and told me these symptoms, I would have jumped all over it," said the 59-year-old Korduba in an Associated Press article. Instead, "I kind of chucked it off to getting older and being out of shape." He knew a change in health like that should prompt a doctor visit, but ignored the

symptoms until they suddenly worsened. He'd walk a mere 1 1/2 blocks before having to stop from sharp pain. Korduba's Peripheral Vascular Disease (PVD) was so bad he had to have a toe amputated and a leg angioplasty, but he now walks pain-free.

Do your lower legs hurt after you walk a few blocks? Are they sometimes numb, tingly, or cold? Do you have sores on your legs that are slow to heal? If the answer is yes, you need a checkup — you may have a problem that could threaten not just your ability to walk, *but your life*.

It's called intermittent claudication, a long name that simply means the arteries in your legs are blocked, causing pain when walking because of poor blood circulation. In the trade, we call it peripheral vascular disease.

Claudication can be extremely painful — some patients can't even walk through their house without stopping to rest. Left untreated, parts of the leg or foot can become gangrenous and have to be amputated.

Some Diet Pills Can Cause Heart Trouble

If you have a heart problem, you should inspect the labels of your nutrients to ensure that none of them contains "plantain." The Food and Drug Administration (FDA) has found a heart drug in samples of raw material labeled "plantain," which is used by various manufacturers as an ingredient in making diet supplements.

This particular plantain is digitalis, which can cause heartbeat irregularities and even death in large enough doses. This latter "complication" is highly unlikely unless you were to really pig out on your diet pill.

You even have to watch your herbal tea, which may be spiked with this material. In addition, laxatives may contain it.

Unless you are indigenous to some tropical country, you probably don't eat the fruit, plantain. But the good news is that this is not the same plantain. The fruit, which resembles an overgrown banana, is not harmful and can be eaten with impunity, as long as you fry it first (it's really good as chips served with beer).

Action to take: Check the label of all herbal products and avoid this "plantain" product. You probably weren't going to become a glamorous movie star anyway.

Ref: Reuters, June 13, 1999.

Worse, if your leg arteries are clogged, arteries around the heart and brain are likely to be blocked, putting you at risk for a heart attack or stroke.

Few of the eight million Americans believed to have PVD know that painful legs are something to worry about. Many assume they're just out of shape or getting older, so they don't even mention the symptoms to their doctors.

Who's at risk? Anyone can get PVD, but it occurs most often in people over 50 and smokers. Other risk factors include diabetes, high blood pressure, the presence of other forms of heart disease, obesity — and being Jewish (Burgher's disease). So if you have any of these risk factors or simply suffer from the symptoms listed earlier, you'll want to see a doctor. He will most likely want to examine you while you walk or exercise to see if your pain subsides after a few minutes of rest — unlike pain from arthritis or injury.

The initial test is quick and painless — doctors just measure your blood pressure at the ankle and the arm. Further from the heart, leg pressure is supposed to be higher or at least equal to arm pressure. If it's not, you're developing PVD.

Action to Take

(1) When PVD is diagnosed early, the preferred treatment is walking. It may hurt at first — you may have to rest while the pain fades and

then walk a little more. But many people gradually walk farther and farther without the pain, as new blood vessels grow around their blocked arteries. It's called "walking through the pain." The ideal is to walk about three miles a day, five days a week. This is hard work, but worth the effort.

(2) For the worst cases, an angioplasty — threading a balloon into the blocked leg artery — can clear the obstruction. The most severe patients get a leg bypass, which is just like heart bypass surgery where the surgeon sews a new artery around the blocked one. This procedure seems to work better than the heart bypass operation, but I think it is absolutely the last treatment to consider.

(3) No matter what stage your claudication is discovered, the treatment of choice is chelation therapy. Of course, the earlier the better, but this is one case where starting later is definitely better than never. In fact, if you suffer any of the symptoms I've described here, you'll want to see a doctor who performs chelation therapy first. He should be able to test you and determine how many treatments you need and how often. If you can't find a doctor in your area who performs chelation therapy, you can get a list of doctors by contacting ACAM (American College for the Advancement of Medicine, P.O. Box 3427, Laguna Hills, CA 92654; Phone: 800-532-3688 or 949-583-7666).

Ref: Associated Press, September 10, 1999.

Eating Fish Reduces Strokes

Eating fish, even in modest amounts, can significantly reduce a woman's risk of the most common kind of stroke, according to a new study. The study of nearly 80,000 women found that eating fish was linked to reductions in the risk of ischemic, or clot-related, strokes (83 percent of all strokes are this type).

Women who ate about four ounces of fish two to four times each week cut their risk of ischemic stroke by 48 percent. Slightly higher risk reductions were found in those who eat fish five times a week.

Omega-3 fatty acids, found in most fish and in high levels in oily fish such as mackerel, salmon, and sardines, have been shown to lower levels of blood fats linked to cardiovascular disease and helps to keep the blood from clotting.

The study was conducted over 14 years with women aged 34 to 59 beginning in 1980.

I was aware of this long before moving to Alaska, but since living here, I've seen firsthand how fish consumption can lower your risk for stroke. The native Alaskans, who eat a tremendous amount of fish, suffer almost no strokes. The omega-3 oils in fish make beneficial prostaglandins, which lower blood vessels, reduce platelet stickiness (reduced abnormal clotting), and lubricate the blood vessels. I consider fish oil to be one of the most essential supplements you can take on a daily basis. I suggest you take two to three tablets per day and eat fish three to four times a week. There is a danger of eating too much fish, as the mercury in our water supply accumulates in fish. Few people eat enough fish for this to be a real concern, but it's still something to keep in mind.

Ref: Lindsey Tanner, Associated Press, January 16, 2001.

Rebuild Your Heart After a Heart Attack!

For decades, medical scientists have held the belief that once you've suffered a heart attack, your heart can no longer rebuild itself. Assuming the scientists were right, medicine has never tried to rebuild the heart after the damage is done. The dogma has always been, "Once you have heart disease, you always have heart disease."

Now that dogma is coming down and fast. In a landmark study, researchers in New York and Italy have announced a major discovery. Under the microscope, they examined heart tissue specimens from 13 patients who recently died of a heart attack. Their findings were startling! A protein present in the cell nucleus, normally found only in association with cellular division of heart muscle cells, was found in abundance. They also measured the percentage of heart-muscle cells actually dividing by counting cell structures made only during cell division. The afflicted hearts showed four percent of their cells were in a division phase in regions near the dead muscle tissue and in one percent of the cells not affected by the heart attack. This means the heart-muscle cells that survived the heart attack showed *dramatic* signs of regeneration and division.

The researchers gave a stunning conclusion: "Our results challenge the dogma that the heart is a non-dividing, non-regenerating organ and raise the possibility that regeneration of myocytes (heart-muscle cells) may contribute to the increase in muscle mass of the myocardium."

Last year it was demonstrated that damaged brain cells divide and now it's the heart. With this information, medicine ought to become more aggressive in supporting the atherosclerotic heart. *A New England Journal of Medicine* editorial suggests the damaged cells' ability to regenerate may be limited and probably need help. I could not agree more!

Action to take: If you've suffered a heart attack, you must provide your ailing heart with abundant nutrients and especially the most critical nutrient: oxygen. Heart attacks occur when the supply of oxygen to the heart is limited, so it's logical that regeneration will be limited most when the supply of oxygen is low. So it would

follow that supplying the heart with oxygen will encourage maximum regeneration.

This means it's never too late to begin a program to reduce risk and reverse disease. Years ago, cardiologists believed atherosclerosis could *never* be reversed. Now we know reversal is possible.

If you've suffered a heart attack, see your alternative doctor just as soon as you can for a program of oxidative medicine, hyperbaric oxygen, chelation, nutritional therapy, and lifestyle changes. Please do not wait the 50 years it will take for medicine to lose its dogmatic prejudice toward these therapies. You probably won't make it that long.

The best things you can be doing at home include eating correctly — which includes eliminating toxins (especially hydrogenated fats, chlorine, and fluoride), increasing vegetables, and lowering starch and empty calories in general — exercising, meditating, and reducing stress. I also recommend taking a good high-quality nutritional supplement (such as Healthy Resolve's Maximum) and begin multi-step therapy immediately.

One-Third of All Heart Attacks Are Painless

A study recently reported in the *Journal of the American Medical Association* (June 2000) claims that one-third of the 1.1 million people who suffer from heart attacks each year experience no chest pain whatsoever.

This is significant in that your doctor might not diagnose your symptoms correctly if you aren't suffering from chest pain. And an incorrect diagnosis will inevitably lead to incorrect treatment and, in this case, possible death.

Action to take: If you suddenly experience typical heart-attack symptoms, which include a numb feeling in your left arm, nausea, shortness of breath, nervousness, weakness, or fainting, but don't experience any chest pain, get to a doctor and tell him you have the classic symptoms of a heart attack. That will force him to test for a possible heart attack (he doesn't want to get sued) and could save your life. You'll also want to make sure you take some magnesium as you're driving to the hospital. It's much better for a heart attack than aspirin.

Can Alcohol Lower Your Blood Pressure?

Alcohol, taken in small amounts, has received a good bit of press lately touting its abilities to protect your cardiovascular system. Some studies have found an improved lipid pattern and reduced platelet stickiness probably due to the bioflavonoids found in wine and beer.

However, the benefits appear to stop after one drink per day for women and two for men, which would be considered light drinking. The sex disparity is probably due to a larger average size for men and higher levels of the enzyme lactic dehydrogenase in the stomachs of men, which helps prevent alcohol absorption. Since women have lower levels of this enzyme, alcohol absorption is greater.

It appears that more than this amount of drinking can actually have the reverse effect on your vascular system and raise the risk of vascular disease. Even the moderate drinker (more than one to two drinks, but not an alcoholic) appears to negate these benefits and invites significant detriments. Studies have shown that high alcohol consumption has direct toxic effects on the heart, which can lead to a cardiomyopathy.

The good news, though, is that by reducing your daily alcohol consumption to one to two drinks per day, you can reduce your blood pressure by an average drop of one to two mm Hg per drink. (A drink is defined as five ounces of wine, one 12-ounce beer, or one-and-a-half ounces of distilled spirits.) That means a man drinking four to five drinks a day can lower his blood pressure by two to six mm Hg simply by cutting back to two drinks a day.

In a study called "The Trials of Hypertension Prevention, Phase I (TOHP-I)," researchers investigated whether lifestyle interventions and nutritional supplementation affected persons with high normal blood pressure. Weight reduction was most effective in reducing blood pressure (by 2.9/2.3 mm Hg), and sodium reduction also significantly reduced blood pressure (by 1.7/0.9 mm Hg). Obviously, alcohol reduction is comparable to these types of interventions. Exercise is also comparable.

Action to take: If you suffer from high blood pressure, you should seriously consider reducing your alcohol intake. But don't stop there! Also consider losing some weight, limiting your salt intake (which we discussed last month), kicking the smoking habit, and getting some moderate exercise.

I don't discourage my patients from enjoying one to two drinks per day, but drinking more than that just isn't healthy. I prefer organic wine, which is loaded with bioflavonoids, or a high-quality microbrew beer, which has loads of antioxidants from the fermentation process. However, I discourage distilled spirits, since many of the cardioprotective substances were left behind in the distillation process, leaving mostly only the raw alcohol.

Ref: *J Clin Hypertens*, 3(3):166-170, 2001.

Oranges, Vegetables May Protect Heart

At a recent meeting of food scientists, Dr. Frank Speizer of the Harvard Medical School noted that research has consistently shown that increased intake of citrus fruits and cruciferous vegetables has repeatedly been associated with a reduced incidence of heart disease and stroke. A large study of health professionals also has shown more fruit is associated with reduced rates of high blood pressure, another major risk. Dr. Speizer indicated nutrients found in orange juice, especially potassium, folic acid, and vitamin C, may protect against vascular disease.

Another researcher reported Canadian findings that three eight-ounce glasses of orange juice raises HDL ("good") cholesterol while lowering the LDL ("bad") cholesterol. This actually is remarkable since HDL is hard to raise short of the most proven method — exercise.

Action to take: I wouldn't rush out and consume vast quantities of OJ. Fruit juices contain large amounts of sugars, which are available for immediate absorption, unlike the whole fruit in which the fiber slows absorption. The fast burst of sugar in the bloodstream will trigger a burst of insulin and the HDL protective effects of the citrus juice is more than offset by the deleterious effect of raising insulin levels (thereby depositing fat). Higher levels of insulin are now known to be one of the greatest threats to health. Instead of juicing so much, eat more fruit and vegetables in their natural state, the way God designed them to be eaten. Your risk of both vascular disease and cancer will be significantly reduced, without the risk of insulin and/or added weight.

Don't Be Afraid to Eat Your Eggs — Even if You Have Heart Disease!

From MSNBC we get the following words of wisdom: “A daily morning feast of a few eggs, bacon, and butter-slathered toast is no recipe for a healthy heart, but an egg a day appears to be OK, according to results of two large studies. Researchers found that healthy people who ate up to seven eggs a week were no more likely to suffer a heart attack or stroke than those who ate fewer eggs.”

The experts are slowly — and warily — backing off from the killer egg theory. It has been “one egg a week” for cardiac cases during the past 30 years. Now these “experts” are up to “one egg a day.”

And they've gone even further. Researchers are now saying limited egg consumption “may even offer health benefits.” Now that's a daring statement. “It is conceivable that the small adverse effect of cholesterol in an egg on plasma levels is counterbalanced by potential beneficial effects....”

In an article appearing in the *Journal of the American Medical Association* (JAMA), the investigators laud the health benefits of the rediscovered egg — “nutrients including antioxidants, folate, other B vitamins, and unsaturated fats.” Eggs are better than that — as you'll see in a moment — but Dr. Hu has at least taken the egg out of the closet.

“People,” Dr. Frank B. Hu, of the Harvard School of Public Health continued, “are afraid of eggs because the cholesterol is so high and their reputation is so bad. But eggs, per se — I don't think they deserve such a bad reputation.”

One large egg contains about 215 milligrams of cholesterol — far more than most other foods with the same number of calories. Public health recommendations urge Americans to consume no more than 300 milligrams of cholesterol a day. A spokeswoman for the American Heart Association said the findings won't change her group's belief that Americans should limit their dietary cholesterol.

“These new data do not conflict with the American Heart Association's recommendations that healthy individuals consume no more than 300 milligrams of dietary cholesterol per day,” said Dr. Alice H. Lichtenstein of the U.S. Department of Agriculture's nutrition center at Tufts University in Boston.

In the Harvard study, among healthy men and women, no significant differences in risk were found between those consuming an average of “up to” one egg daily and those averaging less than one weekly, the researchers said.

There is an implication here, with that “up to” stuff, that two eggs a day would be approaching a toxic dose. That's why they didn't test with five or 10 eggs a day. But wouldn't you think someone would have had the common sense to say: “If one egg a day doesn't harm the patient and is actually good for them, then maybe more eggs per day would be a good thing, rather than a bad thing.”

The egg industry hailed the news as a long-overdue absolution for a beleaguered food that is often on the forbidden list for those with or at risk for heart problems. “We hope the study will once and for all exonerate the egg, so that people can enjoy its many nutritional benefits without unwarranted fears of dietary cholesterol,” said Donald McNamara, executive director of the American Egg Board's nutrition center.

Did you know you can live a healthy life on nothing but eggs? A very successful American businessman who was living in Russia, tells the story of his kidnaping in Guatemala. He was kept in a cave, held for ransom, and ate nothing but boiled eggs for four months. When he was released, he was in better shape than when the ordeal began.

Action to take: Eat as many eggs as you want, even if you have heart problems. They won't hurt and, in fact, will probably help you. I eat eggs as a regular part of my diet. In fact, I get a large percentage of my protein from eggs.

Ref: *Journal of the American Medical Association*, April 21, 1999; MSNBC staff and wire reports, April 20, 1999.

New Cures for Osteoarthritis, Rheumatoid Arthritis, and Gout

Reuters news headline proclaims, “‘Arthritis is set to become huge U.S. health problem,’ says the Centers for Disease Control.”

Truth is, arthritis already is a huge health problem. All you have to do is ask any general physician what the number one complaint he hears is and he'll tell you arthritis.

There are two types of arthritis: rheumatoid arthritis and osteoarthritis. Both are terribly painful, but are caused by very different problems. That means each is treated in a different way. Let's take a look at rheumatoid arthritis first and then we'll move into osteoarthritis.

Amazing Cure for Rheumatoid Arthritis

When Janet first came to see me, she was nearly crippled with rheumatoid arthritis. She was once a vibrant young wife and mother of three living in Kodiak, Alaska. The arthritis had come on quickly and practically ruined her life. She used to play softball and hike with her family, but was now almost bedridden. She tried some of the standard treatments that weren't toxic, but none of them worked. She had no desire to employ any of the toxic therapies conventional medicine offered, so her only hope was the prayer her church members offered regularly for her.

Janet's not alone when it comes to rheumatoid arthritis (RA). While RA isn't nearly as common as its cousin osteoarthritis, it's an extremely debilitating disease for millions of people worldwide. Rheumatoid arthritis is one of the so-called “autoimmune diseases” and is a progressive inflammatory condition, where the inflammation mostly (but not completely) affects the joints, leads to acute and chronic pain, destroys the cartilage lining the joint, erodes bone, and causes chronic deformity and crippling. RA is much like other autoimmune diseases in that the preponderance of cases are in women and it often begins with malaise, morning stiffness, and joint aches.

Modern medicine has called this condition an “autoimmune disease” for many years. But I don't care for the term because all it means is that researchers haven't found a single cause for the disease. Instead, they promote the idea that for some unknown reason the body began attacking itself. Other diseases in this group include lupus, scleroderma, ankylosing spondylitis (arthritis of the spine, mostly in men), and lesser-known conditions.

Because conventional medicine doesn't know the

cause, it hasn't been able to treat the condition adequately. For years the mainstay treatments have been nonsteroidal anti-inflammatory drugs (indomethacin, aspirin, motrin, naproxyn, etc.). These work by inhibiting enzymes (cyclo-oxygenase I) that promote the inflammatory response. However, these drugs have horrible side effects, including (but not limited to) eroding the stomach and intestinal lining and furthering the destruction of cartilage. These treatments simply relieve pain today, but speed up the joint destruction for more pain tomorrow. Years ago, gold injections or oral salts were used. These fell out of favor due to severe toxicity, especially to the kidneys.

Two generations ago, cortisone was discovered and hailed as a miracle due to the stunning and immediate results. The cortisone dramatically melted away the arthritis, but there was a problem. It left the patients with horrible side effects from an overdose of a powerful hormone. To make matters worse, when doctors withdrew the patient from the cortisone, the arthritis returned almost as fast as it left. That meant the cortisone wasn't curing the arthritis, it was just covering it up.

In recent years, promising new drugs have been developed, but none of them cure the disease! All must be taken continually to simply *suppress symptoms*. There is a new class of nonsteroidal anti-inflammatory drugs called Cox-II inhibitors (Cox = cyclo-oxygenase, with the first line of NSAID drugs inhibiting the I version of the enzyme and the newer class inhibiting the II version of the enzyme). The advantage of the II version, now immensely popular, is that it has much less toxicity on the gastrointestinal lining. However, a long-term and unstudied potentially devastating effect is that these drugs also inhibit an enzyme responsible for lubricating the lining of the blood vessels. Could we be trading pain relief today for a rise in heart and circulatory disease tomorrow? We won't know for years, which means the toxic effects of these drugs won't be known until a substantial number of people are harmed first. That's not my idea of an effective treatment!

Newer strategies include the chemo-therapeutic drug methotrexate, which simply is a low-grade poison for the immune system and does little to help the natural course of the disease. Then there's the latest approved drug for rheumatoid arthritis, Enbrel, which is quite dangerous and already has been linked to hundreds of deaths across Europe. It, too, does not address the cause of the problem, but merely interferes with the

body's chemical messengers to suppress symptoms.

It's interesting to note that with all the drugs introduced through the years for arthritis, there has never been a cure announced. Perhaps the pharmaceutical companies make far more money manufacturing chemicals that must be taken indefinitely just to maintain comfort. Now, there's nothing wrong with reducing pain. In fact, it's essential for quality of life. However, it doesn't solve the problem and, looking a little deeper, I know we can do much better.

The Real Causes of RA

My perspective of "autoimmune" diseases is much different than the mainstream. In fact, I don't think there's any such thing as an autoimmune disease. Of all the defects in our genetics, I cannot imagine how or why our body could be genetically programmed to spontaneously and without reason attack itself. There are many "itises" (inflammatory conditions), including arthritis (joints), colitis (colon), dermatitis (skin), and myositis (muscle). And there's accumulating evidence that the underlying pathology is the same, but the target tissue varies from person to person. There must be an instigating cause in a susceptible person. Let's look at some of the possibilities.

An old adage says that all disease begins in the gut. There's substantial truth to the adage. Take dermatitis (acne and other skin conditions), for example. A major cause of dermatitis is foreign proteins from foods that were not properly digested or absorbed in the system. These foreign proteins can circulate in the system until they find a resting place. Once lodged in the tissue, the immune system sees it as an antigen it is programmed to destroy and an immune response is elicited. This creates inflammation and *voila* — the "itis" is born.

Medical science is now confirming this ancient wisdom by showing how bacteria can move across the intestinal lining. Now we're seeing that bacterial toxins also can leak across the intestinal wall and make their way to end organs, causing degenerative diseases such as Parkinson's disease. Rheumatoid arthritis has been associated with as much as an 80 percent correlation with a pathogen called *Proteus* in the gut, and ankylosing spondylitis (arthritis of the spine) is associated with another pathogen called *Klebsiella* in virtually 100 percent of cases.

In a marvelous book entitled *Stealth Pathogens*, author Lida Mattman details how a variety of bacteria have evolved into a more fragile but "stealth" form, which enables them to elude body defenses and detection while inflicting significant problems on the host.

All bacteria, being of the plant kingdom, have cell walls. These cell walls are highly immunogenic, which means they incite a vigorous response from the immune system (much like strep throat is a response

to a staph infection). This cell wall also provides significant protection for the bacteria. Without it, the bacteria would exist with only a fragile membrane.

Such bacteria absent cell walls do exist, and medical science has known about them for about a decade. They are called L-form. L-form bacteria can develop and penetrate into tissues. Because these bacteria lack the cell wall that's highly identifiable by the body, there's only a very low-grade immune response. Without the usual resistance from the body, the stealth pathogen can quietly take up residence in whatever tissue it's targeted.

To make matters much worse, the absence of a cell wall makes these bacteria VERY difficult to culture, observe, or otherwise identify, hence, the long-term failure of medicine to determine the infectious nature of the process.

Many years ago, Dr. Thomas McPherson Brown, a highly trained and respected physician, was treating and reporting dramatic recoveries of patients with RA using a simple antibiotic of the tetracycline family called minocycline. He reasoned that the disease must be infectious in nature. His treatment produced *startling long-term remissions*, largely ignored by the medical profession. His work persevered through the Road Back Foundation and now his clinical findings are being reproven in published medical studies using other antibiotics.

Having read and studied the information, I felt it made significant sense that the cause of RA (and the majority of autoimmune diseases) was a chronic low-grade infection. At the same time, I had attended lectures where doctors were claiming significant resolution of RA with hormone therapy. I was confused, so I began to dig deeper.

The Hormone Connection

Hormone therapy is a double-edged sword. Most are familiar with the tragedies of high doses of the hormone cortisone for inflammatory diseases. However, a few medical people looked more closely at the cortisone and adrenal (the gland that makes these hormones) situation. They observed that many people with fatigue, stiffness, and inflammation were truly deficient in their natural production of adrenal hormones. Too little adrenal output causes symptoms very similar to arthritis, while too much adrenal hormone (cortisone) is fraught with tremendous toxicity.

In his book, *Safe Uses of Cortisone*, Robert Jeffries, MD, tells of his years of experience giving "physiological" (low) doses of cortisone as compared to the prevailing use of pharmacological (high dose) amounts. As an example, let's say the adrenal should be making 50 mg of cortisone in the average person, but in a particular individual, is making only 30 mg. This is not low enough to cause a complete collapse of

the patient, but could easily create hypoadrenal (low adrenal function) symptoms of morning stiffness, fatigue, poor immune response, hypoglycemia, and joint pains.

This is analogous to hypothyroidism, where the gland is making enough thyroxin to sustain life, but not enough to avoid the hypothyroid symptoms of fatigue, lethargy, cold intolerance, dry skin, and more. These patients are given replacement doses of thyroid, which are not amounts higher than the thyroid would ordinarily make. Herein came the brilliance of Dr. Jeffries. By using physiologic (safe) levels of cortisone to fill in what was missing for proper body functions — and not flooding the body with more than it would ordinarily make — Dr. Jeffries was able to avoid all the complications of cortisone therapy, which occur strictly because of the supraphysiologic (high) doses, and still receive all the magnificent therapeutic benefits of cortisone.

Enter Dr. Sheffrin, himself stricken with rheumatoid arthritis. Dr. Sheffrin is a friend and colleague of mine who was able to expand on Jeffries' work. He reasoned that virtually all RA patients have hypoadrenalism as the basis for their problem. However, he also noted that the majority of doctors replaced the deficiency with only cortisone, while the adrenal gland makes many other important hormones, such as progesterone, testosterone, estrogen, DHEA, androstenedione, and others. He reasoned that he, as well as his patients, might do better with an adrenal preparation that did not just provide a single adrenal hormone (i.e., cortisone), but was a balanced extract of all the hormones. By creating such a preparation, Dr. Sheffrin told me he solved his RA problem and was seeing similar results in his patients.

I've Seen These Therapies Work

I've treated several RA patients by combining these two theories and have seen marvelous results. The hormones work very quickly. In fact, by using Sheffrin's balanced preparation yields, I'm seeing clinical improvement in days. Treating the infection takes far more time, though. Using Sheffrin's formulas allows the patient to experience quick relief from symptoms and pain, while utilizing the antibiotic approach of Dr. Brown guides the patient into a long-term recovery by treating the infectious cause.

Generally, minocycline is given to the patient only three times per week in gradually increasing doses. This intermittent therapy generally avoids the complications of antibiotics, but a yeast infection can still occur. Sheffrin's drops are taken three times per day in reducing amounts as the pain and symptoms subside, gradually lowering the amount to the least possible without seeing a return of symptoms. I usually provide oxidation therapy (i.e., ultraviolet blood irradiation,

hyperbaric oxygen, ozone therapy, or hydrogen peroxide therapy) to the patients in addition to the antibiotics and hormones to help improve their overall immune status and oxygenation of the body.

And the combination does indeed work. Janet, the patient I mentioned at the outset, is one of the many success stories I've seen in my practice. By combining the balanced adrenal formula with low-dose minocycline, she experienced virtually a 100-percent recovery. Best of all, she tells me she can once again play softball and hike with her family. And all this within a few months!

Janet's case wasn't the only one. K.M. was a woman from the Aleutian Islands who also had active RA, but not quite so disabling as Janet's. Within a few weeks, her symptoms subsided on the adrenal preparation, which was quickly tapered to lower doses, while she maintained the minocycline therapy to help her body eradicate the presumed L-form bacteria infecting her joints. At this point, she has not experienced any recurrence of symptoms.

Since combining these techniques, I've yet to see a patient fail to dramatically respond. There have been cases where I've seen other causes of tissue inflammation. Food allergens can leak into the circulation where they get carried to a final resting place. Wherever that may be (skin, joints, organs) the immune system can see these allergens as foreign and mount an immune attack on them, creating inflammation. Because the allergen is lodged in our tissue, the immune response can be as damaging to our own tissues as it is to the allergen. Therefore, it's essential to identify possible allergens. I've had at least two patients resolve all of their classic RA complaints by altering their diet, one by removing corn and the other peanuts.

Finally, the teeth should not be neglected. Decades ago, the legendary dentist, Westin Price, DDS, demonstrated how bacteria themselves and their toxins can leak out of dead teeth and root canals (also dead teeth). They seed the body with infection or toxins that can end up in joints or organs, all coming from a primary source that's showering the body with bacteria. The very first place I look in any patient complaining of pain (regardless of its location) is in the mouth. Millions of Americans are walking around with root canals and dead teeth which could be responsible for their chronic medical problems (which have no "apparent" cause, of course).

If you or a loved one has a chronic autoimmune problem, it's important that you find a physician familiar with these concepts. Doctors belonging to the America College for Advancement in Medicine (P.O. Box 3427, Laguna Hills, CA 92654; Phone: 800-532-3688 or 949-583-7666) would be a great first place to start. Most will be familiar with the antibiotic use for autoimmune diseases and also will know of compound-

ing pharmacies that make Dr. Sheffrin's balanced adrenal hormone drops. The Road Back Foundation can provide leads to the antibiotic connection, Dr. Brown's work, and treating physicians (The Road Back Foundation, P.O. Box 447, Orleans, MA 02653; voice mail: 614-227-1556).

An Amazing Solution for Osteoarthritis

Chronic pain is one of the most talked about problems in the health arena and osteoarthritis is one of the biggest causes of osteoarthritis.

According to WebMD, "The pain of osteoarthritis almost always begins gradually, progressing slowly over many years. People under 40 may have the condition with no symptoms at all. Osteoarthritis is commonly identified by aching pain in one or more joints, stiffness, and loss of mobility. Inflammation may or may not be present. The pain may behave like a roller coaster, with bad spells followed by periods of relative relief. It often worsens after extensive use of the joint and is more likely to occur at night than in the morning. Stiffness tends to follow periods of inactivity, such as sleep or sitting, and can be eased by stretching and exercise. Pain seems to increase in humid weather. As the disease advances, the pain may occur even when the joint is at rest and can keep a sufferer awake at night."

Unfortunately, fixing the problem hasn't been nearly as easy as describing it. As is the case with many modalities, modern medicine can explain the problem much better than it can solve it. But osteoarthritis is one condition where modern medicine has missed the boat.

There have been many articles written on chronic pain, although it is rarely mentioned what the main cause of the pain is: the connective tissues of the spine and joints. Yet by addressing the deficiency of connective tissues, the lack of collagen and weakness in ligament, tendons, and muscle, even people with apparent spinal degeneration (a condition previously thought irreversible) can be cured of their pain!

The Amazing Non-Surgical Cure

A small number of physicians (presently less than 300) have turned to a non-surgical treatment first developed in the late 1930s that has shown very promising results in the treatment of chronic pain. By using prolotherapy, these doctors have accelerated the rate of cartilage growth and strengthened the complete joint structure in patients with "no cartilage." Using this therapy, many hip and knee replacements surgeries have been avoided.

You do not have to settle for a life of chronic debilitating disease!

Now let's move into osteoarthritis, where you'll be excited to hear that complementary medicine has much to offer sufferers of OA. These are treatments I use regularly in my practice and I've seen them work.

Many Factors Affect Connective Tissue Healing

There are many other factors that affect connective tissue healing, but the next most important factor is the nutritional and medical status of the person. People, who consume very healthy diets and do not have systemic medical conditions, have an excellent chance to heal their chronic pain. If they experience positive jump signs where tendons or ligaments attach to the bones, then they have almost a 100 percent chance of curing their chronic pain with prolotherapy.

What Is Prolotherapy?

Prolotherapy, which is also known as nonsurgical ligament reconstruction, is a treatment for chronic pain. The treatment is useful for many different types of musculoskeletal pain, including arthritis, back pain, neck pain, fibromyalgia, sports injuries, unresolved whiplash injuries, carpal tunnel syndrome, partially torn tendons, ligaments and cartilage, degenerated or herniated discs, TMJ, and sciatica.

In prolotherapy, a series of injections, consisting mostly of naturally derived substances such as cod liver oil, sugar, salt, or corn extract are given at the site of the chronic pain — usually where ligaments and tendons attach to the bone. These injections are designed to stimulate the immune system by tricking the body into thinking a new injury has occurred.

The injected substances, as foreign matter, mimic an injury by causing irritation and mild swelling in the painful area. The immune system responds to this "injury" by sending macrophages, cells that remove debris and irritants from the body. After the macrophages carry off the irritants for elimination, the immune system sends in fibroblasts, cells that rebuild connective tissue where damage has occurred. This rebuilding process results in new ligament growth, which can be 40 percent stronger than the original ligament. It also results in the acceleration of re-growth of cartilage tissue! Consequently, the physical structure supported by this connective tissue becomes stronger and more stable, thereby eliminating or greatly diminishing the pain triggered by the corresponding nerves and muscles.

Harold Wilkinson, MD, professor and former

chairman of the Division of Neurosurgery at the University of Massachusetts Medical Center, performed a 16-year prolotherapy study culminating in 1995. In his report, Dr. Wilkinson states that it was noteworthy that "a sizeable portion of people with unresolved chronic pain had more than a year's pain relief with only one prolotherapy injection." While these results were obtained with a single injection, most prolotherapy sessions involve multiple injections given in each session.

The response to treatment varies from individual to individual, and depends upon one's healing ability. Some people may only need a few treatments while others may need 10 or more. The average number of treatments is four to six for an area treated. The best thing to do is get an evaluation by a trained physician to see if you are an appropriate candidate. Once you begin treatment, your doctor can tell better how you are responding and give you an accurate estimate.

Prolotherapy is effective because it attacks and eliminates the root cause of chronic pain: ligament and tendon relaxation. Ligament relaxation causes joints to loosen. A weak ligament will have difficulty holding a joint in place. The nerve fibers within the weakened ligament are activated and cause local pain. They may also cause a referred pain. The muscles surrounding the loose ligament contract to help stabilize the joint — the reason why people with loose ligaments and chronic pain have tight, painful muscles. Only when the weakened ligaments are strengthened will the local and referred pain patterns, as well as the muscle pain, subside. The same is true for tendon weakness.

Reconstruction therapy (also known as sclerotherapy and proliferative) is given by a slender needle similar to the hair-like needles of the acupuncturist into the fibro-osseous junction. This is the area where the tendon or ligament attaches to the bone. The substances used in addition to the ones mentioned, may also include sodium morrhuate, which comes from cod liver fish oil and a local anesthetic. Repeated studies at the University of Iowa have shown that the areas injected have increased in size by 35-40 percent, thus causing permanent strengthening.

Each treatment session results in more and more tissue being laid down in the needed areas. As a result, the joints continue to become stronger. The patient notes more endurance in that they can do more activities as well as activities they couldn't do before. The main side effect of the treatment is less pain as the result of the joint being stabilized. Snapping, clicking, and popping sounds go away. The patients can usually feel the joint becoming stronger with each treatment they receive.

What About Arthritis?

In acute injuries, the ligaments and tendons become torn. Ligaments function to limit the range of

motion that bones can move between each other. Ligaments function to stabilize joints and hold the joint together. Tendons function to attach a muscle to bone in order to provide motion. Discs and cartilage serve to absorb shock and keep the bones from rubbing against one another. If the ligaments become torn or over-stretched, the joint becomes unstable and resultant friction causes the discs or cartilage to become worn down causing a loss of height.

The disc and cartilage may also become worn down by repeated motion. This loss of height causes further ligament laxity and thus more instability. The friction of the joint is a stress. Bones respond to stress by making more bone. This results in bone spurring which is the body's attempt to splint or stabilize the unstable joint. Degenerative disease is merely the body's attempt to stabilize joints as the tendons and ligaments have not been able to heal because of lack of blood supply. If a patient has considerable degenerative arthritis, the loss of disc or cartilage height causes a laxity of the supporting ligaments. This causes joint instability. Reconstruction has been shown to be effective in these conditions causing the lax ligaments to become strengthened, thus stabilizing the joint and allowing for increased function and endurance.

Finally, the analogy I give my patients. If the hinges of your bedroom door become loose, the door will smash into the jamb and you will see damage (arthritis) of the door and jamb. Modern medicine's answer is to cut away the perimeter of the door so it no longer smashes, creating noise and creaking. Or in the alternative, coat the door edge with oil to smooth the contact (analogous to injection of steroids or use of anti-inflammatory drugs). But the oil damages the finish and surface (cartilage) and the process actually accelerates. Either way, the hinges are still loose, and the door will shortly continue its "degenerative" process as the hinges continue to loosen. Proliferative therapy is analogous to simply taking a screwdriver and tightening up the hinges, totally resolving the problem!

Proliferative Therapy Case Reports

A 61-year-old dentist was having great difficulty in his work due to severe neck pain. His X-ray showed far-advanced degeneration of the cervical vertebrae. Within eight treatments of prolotherapy, even with the severe radiographic degeneration, his pain was at least 80 percent reduced and at his office, he was functioning normally. He has referred more patients to me than any other patient.

A relatively young 28-year-old woman was referred by her physical therapist for intractable headaches following a whiplash-type injury. Although she found the sessions uncomfortable, she persisted due to the gradual improvement and eventually became headache free. Her physical therapist sent me

a note to tell me how amazed she was at the recovered stability of injury.

G.M., a 74-year-old woman, was largely crippled due to severe degeneration of the knees. Her orthopedic surgeon recommended immediate joint replacements. After a series of proliferative therapy sessions, she regained enough function in her knees to delay joint replacement by five years. Since artificial joints have a finite life span and the surgery has considerable risks, successful delay in surgery is most valuable.

R.D., a male 42-year-old former professional dancer, came to me with incapacitating lower back pain. His X-rays showed degeneration, but not nearly as severe as what would be expected by his pain. The diagnosis was instability due to injured ligaments. After a series of proliferative therapy session, his pain so dramatically resolved that he referred the wife of the new lieutenant governor of Alaska for the same treatment for her terrible back pain. In this latter case, I discovered the source of her pain in root canals, recommended appropriate dental treatment and her pain was totally and immediately resolved. This spared her a series of injections, which she was fully prepared to undergo.

D.M. is a 60-year-old male referred by his chiropractor for sacroiliac joint pain and instability and instability at the L5-S1 joint (this is the labeling system doctors use to identify specific points in the spine). This is a very common location of pain. Within eight treatments, he was virtually pain free and returned after three years for a two-session "tune-up." The chiropractor, himself a proliferative therapy patient of mine, was impressed at the new stability in the lower back and its ability for the treated joints to hold their adjustments.

Overall, the improvements I've seen with prolotherapy make it the first therapy I try for any case of osteoarthritis. It's safe, easy (though a little painful), and doesn't take very long to administer. To find a doctor who performs prolotherapy, contact ACAM (P.O. Box 3427, Laguna Hills, CA 92654; Phone: CA, 949-583-7666; outside CA, 800-532-3688. Send a SASE with \$0.52 postage for free list).

Excellent books I heartily recommend include *Prolo Your Pain Away* and *Prolo Your Arthritis Away* both by Dr. Ross Hauser, a good friend and colleague. Additionally, *Pain Pain Go Away* by Dr. William Faber is another good source. You should be able to order all three books through your local bookstore.

Other Arthritis Treatments

Olive oil — The University of Athens, Greece, recently released the findings of a study in which olive oil was found to be an effective rheumatoid-arthritis medicine. The researchers reported their findings in the *American Journal of Clinical Nutrition*. A table-

spoon of olive oil each day is one of the best things you can take for your overall health, including arthritis.

Ginger — If you're looking for a safe alternative to aspirin for treating your arthritis daily, look no further than your kitchen cabinet. It's true. Back in 1989, two doctors from India did a study on the effectiveness of treating arthritis with powdered ginger. The study, reported in the journal, *Medical Hypotheses*, cited several cases where the powder was used successfully and explained that ginger's pain-relieving power was due to its anti-inflammatory effect. Simply mix a heaping teaspoon of ginger powder into your favorite beverage each day to treat either osteoarthritis or rheumatoid arthritis. The best part is that ginger can be taken indefinitely, as there are no known side effects.

Glucosamine — Glucosamine works by stimulating the production of collagen and cartilage in the body. Now a test has been perfected that will determine the levels of glucosamine in the tissues. Although glucosamine has been an accepted treatment for osteoarthritis for a number of years in Europe, it is still considered alternative medicine in this country. If this unique testing idea proves glucosamine deficiency in many osteoarthritis patients, then this little amino sugar will really hit the big time. You can order a quality glucosamine supplement from the folks at Healthy Resolve. To order call 800-728-2288.

Zinc — Some astute doctors recently observed that arthritis sufferers had lower levels of zinc in their blood. When zinc supplements were added, at least according to one study (*Simkin, Lancet*, vol. 2, 1976), inflammation was greatly reduced. You should be getting adequate doses if you're taking a multivitamin.

One final note: In many cases of arthritis, the worst thing you can do is sit around. Too many people stop what they're doing because the pain is too strong. Unfortunately, once they sit down, the problem only gets worse. Exercise is great for arthritis, but make sure it's low-impact exercise, like walking, gardening, or riding a stationary bike.

A Quick Cure for Gout

If your big toe is in severe pain, you might understand these words written by the English writer and Anglican priest Sydney Smith: "Oh! When I have the gout I feel as if I was walking on my eyeballs." These words were written back in the early 1800s when gout was thought to be a Divine Right of Kings.

But through the years, gout has become a problem that afflicts more than just the aristocrats. Today, over 1.6 million Americans, primarily men, suffer with this unduly painful malady.

If you have gout, your body is either producing too much uric acid or is not excreting enough of it. When this happens, sharp microscopic crystals of sodium urate begin to develop around and prick the

joint tissue. For some reason, the joint of the big toe seems to be a favorite target of the crystals.

Gout was long considered a disease of the wealthy because it is usually caused by an excessively rich diet, which only the wealthy could afford. As the diet of more people began to include rich foods, gout slowly became a bigger problem. Foods that are rich in purines (substances found in high-protein foods), such as anchovies, asparagus, liver, sardines, and mussels, are delicacies in many countries, but have become popular with the average citizen in the U.S.

Modern medicine has shown that the body's inability to metabolize purines is the main reason for the excess uric acid. While they probably had no idea what a purine was as early as the 18th century, many people knew that rich meals and gout were somehow related. They had a pretty good idea that alcohol was also part of the problem.

To relieve the pain, these early medical pioneers knew that restricting the foods they ate and avoiding alcohol was the best form of treatment. But they also discovered something else. Dr. Goodenough explains his treatment for chronic gout in his book *Home Cures and Herbal Remedies*, "Take hot vinegar and put into it all the table salt which it will dissolve, and bathe the parts affected with a soft piece of flannel. Rub in with the hand, and dry the part by the fire. Repeat this operation four times in 24 hours, 15 minutes each time, for four days; then twice a day for the same period; then once, and follow this rule whenever the

symptoms show themselves at any future time."

Another age-old remedy for gout was found deep in the Amazon jungles of Brazil where natives had been using a natural tonic for as long as three centuries. In Brazil, the tonic is known as para todo, but sells in the U.S. as a dietary supplement called "Suma."

According to the book *Amazing Medicines the Drug Companies Don't Want You to Discover!*, University of Sao Paolo professor of pharmacology Dr. Milton Brazzach "found [Suma] was not a cure, but brought significant relief for ... gout sufferers, with no undesirable side effects. And doses as low as one gram a day produced basic feelings of well-being." Suma can be purchased at most health food and vitamin stores.

And, finally, I've found that a combination of celery seed extract and cherries can work wonders on gout.

Gout is a disease that, while painful, can be easily controlled and even cured in many cases. Isn't it good to know that you can stop walking on your eyeballs?*

footnote:

* Most of this text on gout was taken from my editor's book *Practical Guide to Home Remedies*, a wonderful resource you shouldn't be without. You can order it from *Second Opinion* by calling 800-728-2288.

Ref: Martin, Wayne. "Treating Arthritic Pain With Ginger," *Townsend Letter for Doctors and Patients*, November 2000; *American Journal of Clinical Nutrition*, 1999;70:1077-1082; WebMD Medical News, April 7, 2000; WebMD Live, January 24, 2000; *Chemical and Engineering News*, August 4, 1997.

New Breakthroughs in the Treatment of Osteoporosis

Osteoporosis affects 28 million Americans. Two-thirds of its victims are women, making it more prevalent than breast, uterine, and ovarian cancer combined. And, as with these cancers, it can kill you.

With osteoporosis, bones become increasingly fragile. If left untreated, *osteoporosis can progress painlessly until a bone breaks*. These broken bones are usually fractures of the hip, spine, or wrist.

While as many as one-fifth of its victims end up in nursing homes, *and 50,000 die each year from post-fracture complications*, osteoporosis can be prevented with proper nutrition. Through proper diet, women can stave off osteoporosis, especially if they start early. Young people need to build and bank bone for their old age, just as they might stash away money for their eventual retirement.

If you are over 40, female, petite, Caucasian, drink a lot of Pepsi, Coke, or other phosphate drinks that are high in sugar, you are a serious candidate for osteoporosis.

According to the latest study from UCLA, “almost 40 percent of women over 45 never discuss osteoporosis with their physicians — *and fully 92 percent do not know that collapsing bones in the spine, called compression fractures, are the most common consequence.*”

Osteoporosis leads to 700,000 spinal fractures, 300,000 hip fractures, and 200,000 wrist fractures every year. *Most of these can be prevented*, which is what this report is all about.

Few people realize that large sums of calcium actually cause more problems than they help. It's true that bones become brittle in large part because of a calcium deficiency. However, calcium deficiencies are rarely caused by too little calcium in the diet. Most people today get plenty of calcium in their diet, especially if they drink milk or eat dairy products on a regular basis.

Calcium deficiencies are usually caused because of a deficiency in magnesium and vitamin D. Adequate amounts of these two nutrients make it possible for your body to absorb the calcium and use it properly. Without adequate amounts of magnesium and vitamin D, calcium is not absorbed well and is therefore not used properly.

The Hormone Connection

When women take large amounts of calcium, either in supplements or by eating diets high in dairy products, calcium is elevated in the blood and stimulates the secretion of a hormone called calcitonin. At the same time, it suppresses the secretion of the parathyroid hormone (PTH). These hormones regulate the levels of calcium in the bones and soft tissues and are related directly to osteoporosis and osteoarthritis. PTH draws calcium out of the bones and deposits it in the soft tissues, while calcitonin increases calcium in the bones.

But the optimum execution of these two delicate functions is dependent upon having sufficient magnesium. Because magnesium suppresses PTH and stimulates calcitonin, it helps move calcium into our bones. This chemical action helps prevent osteoarthritis and osteoporosis.

A magnesium deficiency, however, will prevent this chemical action. And more calcium is not the solution, because while magnesium helps the body absorb and utilize calcium, excessive calcium prevents the absorption of magnesium. Taking more calcium without adequate magnesium — and what is adequate for one woman may be insufficient for another — may either create calcium malabsorption or a magnesium deficiency.

Calcitonin stops the escape of bone in osteoporosis, a process called “resorption,” by suppressing the cells that “eat” bone, called osteoclasts. Research has shown beyond a doubt that calcitonin counteracts both early and well-established osteoporosis. Unfortunately, the levels of this hormone are much lower in women, which has a direct bearing on osteoporosis in elderly women. Calcitonin also relieves the terrible and disabling pain of compression fractures of the spine, which is equally remarkable.

This wonderful hormone has been released in an injectable form and a nasal spray. The spray has been found to be very effective in an array of conditions, such as pain from bone fractures, which is often so severe it causes complete disability, and for the treatment of osteoporosis. Some researchers believe that the nasal spray is as effective as the injection.

If you have osteoporosis, ask your doctor about calcitonin therapy. If the nasal spray doesn't work, I wouldn't give up. Go to Europe and consult with a neurologist or orthopedist familiar with the drug. You can get a list of forward-thinking European doctors, and in other parts of the world as well, from ACAM (23121 Verdugo Drive, Suite 204, Laguna Hills, CA 92653, 800-532-3688).

Another hormone that must be considered is *natural progesterone*. This is a neglected hormone, essentially identical to human progesterone, that's derived from soybeans and yams. It's a product that should definitely be tried. You will have to find a holistic doctor who understands the work of Dr. Katherina Dalton, who initiated this wonderful therapy, as the product is available only by prescription. Even then, it is not easy to get and has to be made up specially for you, but it may be well worth the effort.

If you wish to try natural progesterone, and your doctor agrees but doesn't know where to get it, he can order it from the following pharmacies: Belmar Pharmacy (800-525-9473); Madison Pharmacy Associates (800-558-7046); Women's International Pharmacy (800-279-5708).

But you still have a problem: Does your doctor understand the proper uses of this hormone? If not, contact ACAM for a doctor near you who understands this excellent therapy.

The final hormone you need to hear about is testosterone. Testosterone for women? Absolutely. Testosterone is effective in the treatment and prevention of bone loss. That means it's a natural for treating osteoporosis. For many years, estrogen has been used to treat osteoporosis, but the results have been inconclusive. I think it's a waste of time and money, to say nothing of the cancer risk. Testosterone therapy is clearly more effective than estrogen and safer (completely safe, in fact).

If you're interested in testosterone therapy and having a balanced hormone system (important), talk to your doctor about balancing your endocrine system (of which testosterone is just one component). If he or she looks at you with a blank stare, call the resources listed on page two and find a doctor who can help.

The Important Role of Supplements

There are many supplements you need to be taking for osteoporosis, but if you're taking a good multivitamin, you're probably getting adequate amounts of most of them. However, there

are four nutrients you need to pay attention to in particular — and not one of them is calcium.

Magnesium: As I mentioned earlier, magnesium is extremely important for treating osteoporosis. But there is something about this mineral you might not know. If you suffer from chronic back pain secondary to osteoporosis, there is an easy treatment that will give you long-lasting, though temporary, relief from the pain. It is simply an injection of magnesium. I suggest you find a holistic doctor who will give you this therapy. Even if this doesn't describe you, I still suggest you take at least 500 mg of magnesium daily, preferably even more (up to 1,000 mg).

Vitamin D: This is one of the great underused (and misunderstood) nutrients. Dr. Cees Vermeer of the University of Maastricht found that women who lose abnormally high amounts of calcium through their urine could cut the loss by up to 50 percent by taking adequate amounts of vitamin D. But for many in the medical profession, "adequate amounts" are not adequate.

If you are over 60, you need vitamin D supplementation of at least 2,000 units daily. Many doctors think vitamin D is toxic, at these levels, but it isn't. It takes at least 40,000 IUs before vitamin D becomes toxic — and even then there's some debate. Unfortunately, you can't get it in conveniently large doses, as you can vitamin A. The largest dose is 400 IU, but five of these tablets are not a large dose. If you're skeptical, have your doctor check your liver and kidney function every three months. Not one doctor in a hundred understands the importance or the biology of vitamin D.

Boron: Boron is one of the most effective weapons we've seen in the treatment and prevention of osteoporosis. This little-known element fights osteoporosis in two ways. First, it stops the excretion of calcium in the urine — thus maintaining calcium levels in the body. Second, it raises the level of estrogen in postmenopausal women. Studies have shown that the blood levels of estrogen in some women taking boron supplementation were as high as the levels found in women undergoing estrogen replacement therapy!

Researchers at the Grand Forks Human Nutrition Research Center in Grand Forks, North Dakota, gave a boron supplement of three mg per day to 12 women ranging in age from 48 to 82. The results were quite remarkable. The boron supplement reduced the loss of calcium in the urine as well as the excretion of magnesium, an

unexpected bonus in the treatment of osteoporosis. Within just eight days, the amount of calcium being lost in the urine was reduced by 40 percent, and magnesium loss was cut by 33 percent. And there was even more good news: These post-menopausal women had "markedly elevated" serum estrogen and testosterone levels.

Boron is toxic, but the lowest reported toxic dose of boron is 45 grams for an adult. The average person gets about 1.5 mg per day; most studies are based on three mg per day. That's 0.067 of the lowest toxic dose. At the health food store, you'll probably find boron supplements in three and six mg tablets. If you're a small woman, I suggest you buy the three mg size and take one tablet per day. Or you can buy the larger size and take half a tablet each day (this might save you some money). If you're a medium to large woman, purchase the six mg size and take a whole tablet daily.

Vitamin K: Few people even know about vitamin K, but it is incredibly important in the treatment of osteoporosis, as it inhibits the loss of calcium from bone and is an absolute requirement to get calcium into bones.

Women aren't the only ones who suffer from bone loss. It's also a big problem for astronauts on extended missions. In fact, astronauts lose between .3-.4 percent of their bone mass each month they're in space. That's five times faster than post-menopausal women.

Recently, a team of scientists from Jean Monet University in France studied cosmonauts on the Russian space station Mir. They measured levels of free osteocalcin, a protein that binds to calcium and builds bones. The smaller the number, the better. Within four days of being placed into orbit, both cosmonauts showed a dramatic rise in loose levels of this protein. That means calcium wasn't reaching their bones.

But when one cosmonaut was given vitamin K during part of his mission, he was able to bring osteocalcin back to pre-flight levels! And here's an interesting fact: Once the vitamin doses ceased, the free osteocalcin levels went up again and stayed that way for the rest of the mission.

If you have osteoporosis, or if you have a family history of osteoporosis, are small-boned, petite, over 40, and a white or oriental female, then you should consider taking vitamin K. Vitamin K is found in turnip greens, broccoli, lettuce, and beef liver, but consult your doctor before taking the supplements, as vitamin K has to be taken by

injection in tiny amounts (start with 100 micrograms) for maximum effectiveness. It can also be found in oral 10 mg tablets, which I have found to be effective for some people.

There's one more thing, if you want to do everything possible to stop bone loss, it's vital that you stop drinking soft drinks. Most of them have at least three different ingredients that help cause brittle bones.

Special Note: Avoid drinking too much milk. Many women try to boost their calcium intake by drinking milk, but this may have the opposite effect.

The reason may sit in the relationship between phosphorus and calcium. Phosphorus picks up calcium as it travels through the body and hauls out the calcium when the excess phosphorus is eliminated. Your blood calcium levels get lower as a result. To remedy the situation, the parathyroid glands, four tiny collections of cells on the back of the thyroid, manufacture more parathyroid hormone. This hormone restores calcium balance in the blood by pulling calcium from the most available source: your bones! Thus, an excess of phosphorus in the diet can directly lead to osteoporosis in both sexes and possibly deposition of calcium in soft tissues where it's definitely not desired. Cow's milk has plenty of calcium, but also a lot of phosphate. So much phosphate, in fact, that it actually leaches calcium out of the bones, causing milk to have a negative effect on osteoporosis.

Testing for Osteoporosis

The current American test for osteoporosis — dual photon absorptiometry — takes almost 10 minutes to perform, is not accurate, and costs about \$200.

Here's an even better way: A cheap and accurate urine test for calcium loss has been perfected and the Reich salivary pH test is also an excellent indirect measure of your calcium metabolism, as well as your general state of health.

The Reich test uses a test tape obtainable from any drug store. Do the test between meals. Generate some saliva a few times and spit it out. Then, with some fresh saliva in your mouth, lick it onto the tape. The healthiest range is dark blue (pH of 7.5) to medium blue (pH of 7.0). If the tape shows a blue-green or yellow, your fluids are in the acidic range and you are calcium deficient. (The test tapes are called Hydrion Papers and they

are made by Micro Essential Laboratory, Brooklyn, NY 11210.)

The Importance of Exercise

When I speak of exercise as it relates to osteoporosis, it's important you understand the type of exercise you need. I'm not speaking here of cardiovascular or aerobic exercise, though I think this is important. While running feverishly around the block will benefit your muscles and bones, it won't do enough to prevent or reverse osteoporosis.

The exercise you need to be concerned with is the strengthening of the muscles in your back, which can markedly improve the stoop and weakness associated with osteoporosis. Strong back muscles help to "prevent the disfiguring effect of osteoporosis on spinal posture and reduce the risk of vertebral spinal compression fractures," according to a study from the Mayo Clinic.

Principal investigator Dr. Mehrsheed Sinaki notes that women with shortened or stooped posture can actually improve their condition by exercising and strengthening the back.

The exercises include simple back-tightening techniques, such as pinching the shoulders together at the back, something that can be done sitting in a chair. Another exercise maneuver used for improving back muscle tone consists of lying on the stomach and pushing up with the upper back. All the exercises helped correct stooping posture over time, Sinaki said.

But to really prevent or reverse osteoporosis, you have to do more than just exercise your back. You have to exercise your entire body, which is where resistance training comes into the picture. While most people are aware that muscles are strengthened by exercise, few people realize it also strengthens bones.

Bones are much like muscles in that they can grow or shrink, depending on how well you take care of them. If you've ever broken a bone, you've seen firsthand how bone tissue grows to heal the fracture.

In order for your muscles to grow in strength, you have to subject them to a certain degree of stress. Your bones are no different. The difference comes in the type of stress each responds to. While your muscles respond to contractile stress, your bones must undergo bending, compression, and twisting to experience stress. As with muscles,

you can overdo the stress on your bones, which is when you suffer breaks and stress fractures.

On the other extreme, if your bones and muscles don't undergo at least a minimal amount of stress on a regular basis, they begin to atrophy. The adage "use it or lose it" definitely applies here.

The degree of stress your bones and muscles must experience in order to grow is called the minimal essential strain. This is the point that if surpassed often enough will cause the bone or muscle to call in help to deal with the stress. This help comes in the form of osteoblasts, which migrate to the area being stressed and help build more muscle and bone tissue. This stress is virtually a nutritional requirement for bone health. Science has recently shown that these stresses induce a piezoelectric current from bone. These currents guide the osteoblastic laying down of calcium and new bone.

As we age, our muscles and joints tighten, arthritis sets in, and years of neglecting our body begins to take its toll. The exercise we know we need gets harder and harder to do, so a sedentary lifestyle sets in (or continues). Let's face it, very few of us enjoy getting out of our comfort zones, especially when it hurts.

Most people with osteoporosis hear the reports about exercise and its benefits, but have difficulty getting started. But if you want to overcome osteoporosis, it's imperative that you exercise. It's extremely important that you start out slowly, and there's a new product on the market that's perfect for anyone over the age of 60. It's called the OsteoBall, and it's the perfect exercise tool for anyone with physical limitations.

While free-weights and dumbbells will do, the OsteoBall is what I recommend for anyone 60 and over who is beginning an exercise program. It's very easy to hurt yourself when you start exercising, and the OsteoBall offers wonderful isometric exercises with a limited risk of injury.

But the OsteoBall isn't just for beginners. This partially inflated, large canvas-covered rubber ball with handles even provides a good workout for those who have been exercising for years. You can order the OsteoBall by calling 800-728-2288.

Conclusion

Most people who suffer from osteoporosis are told by doctors their only hope is to take a

prescription drug such as Fosamax and increase their calcium intake. The drugs may have some benefit, but as is the case with most drugs, the negatives far outweigh the positive. And the extra

calcium may have the exact opposite effect of what is desired. Instead, start with some of the solutions I've mentioned in this report. I think you'll be pleasantly surprised by the results.

Powerful New Cures for Failing Vision

Losing your eyesight is a catastrophe that none of us wants to experience. As the population ages, though, we're seeing a corresponding increase in the number of degenerative eye conditions, including glaucoma, cataracts, and macular degeneration.

I'll cover cataracts and macular degeneration later in this report, but first, I'd like to help you avoid glaucoma and deal with it effectively if you already have it.

When patients with glaucoma come to see me, I typically refer them to orthodox specialists for specific eye treatments. Natural medicine simply doesn't have much to offer in the way of specialized treatment for glaucoma. However, because glaucoma is a disease of aging, much like heart disease, degenerative arthritis, cancer, etc., it makes sense that strategies must exist to prevent this malady and natural therapies to treat it. There's no justification for failing to have this condition carefully followed by an eye specialist, but that doesn't mean I can't offer some effective complementary therapies to go along with his treatments.

Glaucoma is an eye disorder characterized by increased pressure of fluid within the eye. Two forms exist. The first is the acute or narrow-angle form (obstruction of fluid outflow), which affects about 10 percent of glaucoma patients and is a true medical emergency. It's characterized by pain, nausea, and redness and requires immediate surgical attention if you want to preserve your eyesight.

The chronic form (open angle) affects the remaining 90 percent and has no known anatomic cause. While the cause is difficult to determine, there are definite correlations with eye function that are clearly treatable. There are some 15 million Americans affected, and the majority may not even know it, since it's painless and often without symptoms until vision is lost. Obviously, you need to be more concerned about the chronic form, which may gradually and quietly rob you of your peripheral vision.

The fluid in your eye is made in the front portion of the eye where it circulates and nourishes this chamber, and is then reabsorbed. If your

eye produces more fluid than it absorbs, pressure builds up in the front chamber. If the pressure is raised enough (above the normal 12-21 mm Hg) the optic nerve can be damaged. Since this nerve is actually brain tissue, the damage is largely permanent, which is why prevention strategies are so important.

The first place I always start with glaucoma patients is their vitamin C intake. Several studies suggest that vitamin C intake is inversely related to intraocular pressure — the higher your vitamin C intake, the lower your eye pressure. One study showed a group of 31 patients who took an average of 75 mg of vitamin C (about the RDA) had an average pressure of 22.33 mm Hg. This was significantly higher than the age-matched controls who had an average daily intake of 1,200 mg and a mean pressure of 15.15 mm Hg. That's quite a difference!

Another study showed a daily dose of vitamin C of 0.5 grams per Kg (2.2 pounds) body weight, whether in a single or divided dose, reduces pressure by an average of 16 mm Hg. Almost normal pressures have been achieved in some patients who did not respond to conventional pharmaceutical eye drops. And better yet, the pressure stayed down as long as the supplementation continued.

Working right along with vitamin C are the bioflavonoids, which help prevent the breakdown of vitamin C, improve capillary integrity, and aid in several other important functions in the eye. I suggest at least 300-400 mg per day.

For preventive measures, here are the other herbs and nutrients you need to take on a daily basis:

Rutin — lowers intraocular pressure and shows even greater efficacy when used in conjunction with standard drugs. Take 20 mg three times daily.

Bilberry (an extract of blueberry) — has been shown to improve night vision, reduce near sightedness, and protect the retina and macula from diabetes and senile degeneration. Take 60 mg daily.

Vitamin A — Helps maintain the structural integrity of the eye. Take 15,000-20,000 IU per day.

L-Taurine — Gives the eye general protection. Take 600 mg per day.

Ginkgo biloba — This herb has wonderful anti-aging properties that make it a must for preventing degenerative changes in the eye. It also improves the arterial blood flow in the eye. Take 120 mg per day.

N-acetylcysteine — This is another nutrient with important anti-aging properties. Take 250-300 mg per day.

There are many other nutrients you can take at home that will help encourage the general health of your eye, including l-glutathione (20 mg/day), lutein (10-15 mg/day), eyebright (60-70 mg/day), lycopene (six mg/day), and alpha lipoic acid (15 mg/day). There are many good supplements on the market that contain many of these, including Healthy Resolve's Sharper Vision (call 800-728-2288 for order info.).

If you're working with a complementary medicine doctor, which I hope you are, combined nutritional therapy may be very useful. A 1977 study of hundreds of glaucoma patients in West Africa utilized a regimen of vitamin C (three grams), vitamin A (180,000 IU), and vitamin E (200 IU daily). Many of these patients were protein deficient, so they were also given a 20 gm protein supplement. In most cases, pressures were reduced to normal within one week. Using half the doses resulted in pressure reduction in two to four weeks.

Food allergies also play a significant role in many cases of glaucoma. In a 1964 study on glaucoma, researchers diagnosed many of the patients with atopic allergies (such as eczema and asthma). They treated these cases with vaccine immunotherapy and avoidance of the food allergens and found that treating the food allergy cured 113 patients of their simple glaucoma. Some of the patients demonstrated an immediate rise of eye pressure of up to 20 mm upon challenge of the allergen before the pressure came down to normal.

Considering all this information, the first step in glaucoma management is prevention. Avoid hydrogenated fats and processed foods. Eat a diet rich in natural sources of vitamin C and bioflavonoids (green leafy vegetables, colored vegetables, and fruit). I believe omega-3 oils would be found useful, but no studies have been

conducted as of yet. And I have a few firsthand experiences where chelation therapy produced a significant reduction in eye pressure.

Finally, there's no excuse for not having a glaucoma condition closely monitored by an eye specialist. Regular measurement of eye pressure in everyone is one of the few screening tests I heartily endorse. There are now new pharmaceutical drops with a greater comfort and safety profile than older drops. Two in particular (brimonidine 0.2 percent and betaxolol 0.25 percent) have recently been studied for cost effectiveness (measured by dividing the cost for a year's therapy by a measure of effectiveness). The study found the brimonidone to be superior in terms of cost per unit outcome.

If you have glaucoma and decide to embark on a nutritional program, please do not discontinue your drugs on your own. My practice is to gradually introduce complementary therapies for glaucoma or any chronic condition. Only when there's objective improvement in the condition from the natural interventions can the drugs be carefully weaned, but again, under strict medical supervision. I believe the best management is an integration of orthodox medical approaches and the strategies I've outlined here.

New Treatment for Macular Degeneration

Macular degeneration is a disorder worth preventing. It's a chronic and heretofore considered progressive disease leading to irreversible vision loss. In fact, there have been a multitude of supplements on the market that provide nutritional protection to the eye, based on sound research, that can slow or prevent the disease.

But I want to tell you about something new.

Macular degeneration is now believed to be caused by a build-up of cellular waste products in the central retina, the area known as the macula. The waste products build up and slowly poison the densely populated cells. These cells are among the most metabolically active in the body, and the retina is actually brain tissue. And yet these cells must get all their nutrients through diffusion from rather distant blood vessels. If the blood vessels went directly into the macula, they would obscure or distort the critical central vision. Tragically, for those affected, the most metabolically needy cells are the most shortchanged.

One form of the disease, dry macular degen-

eration affects the overwhelming majority. In this form, the waste products (called Drusen) build up producing little bumps or wart like thickenings. Debris accumulates and cells then stagnate and suffer in their own waste. Eventually, new blood vessels may grow in an attempt to salvage desperate cells that have massive metabolic needs. However, such new blood vessels are weak and fragile, and may break or leak, leading to another form of MD called wet macular degeneration.

Wet macular degeneration affects only 10 percent of those with macular degeneration. It occurs when blood vessels in the back of the eye leak blood or other fluids. Visual loss occurs faster in wet macular degeneration than in dry.

A credible theory of the cause has led to an amazing breakthrough in the treatment.

I spoke with Robert, a 78-year-old male from Connecticut who has been under treatment with MicroCurrent Stimulation (MCS) beginning in August 1998. After One-and-a-half weeks treating acupuncture points on the skin around his eyes with an imperceptible current, he was able to read two additional lines on the eye chart.

"I was thrilled," he reports. His vision improved from 20/100 to 20/60 and has held without deterioration for over two years. It's also reduced his once daily electrical applications to a few times a week. He now uses a programmed machine that on its own treats all the points, instead of his original machine, which required manual point-by-point treatment.

Diane, a 73-year-old female, was diagnosed with dry macular degeneration. After starting MCS in February 2001, she noticed significant improvement. The vision in her right eye improved from 20/25-2 to 20/20-1 and her left eye went from 20/40-2 to 20/25-1 in just three months. She began with two treatments daily and within a few weeks, dropped to three treatments per week.

MCS delivers a tiny current to a specific area. In biological systems, we often see that less is better. Over time, the current widens its path until the electrons of the current pass through the eyes in addition to the skin. All cells of the body must make and use an energy chemical named ATP, which stores and releases almost all the energy the cells need for life functions. Cell functions include making proteins, electrical transmission, maintaining the all important electrical charge on the cell membrane, and purging the cell itself of waste products.

"ATP fuels cellular garbage trucks," says ophthalmologist Edward Kondrot, a designer and researcher of MCS. With free-radical processes of aging, UV energy, and additional assaults from improper nutrition, our eyes need protection. What is more, with aging, the ability of cells of the macula to manufacture ATP wanes. Cells conserve energy by maintaining only the most critical functions, like maintaining membrane integrity. (Think of patching up holes in your windows to keep the cold out.) The cellular garbage trucks, which are not critical for the cell to survive in the moment, become idle. Waste products accumulate and, over time, the cells can die.

Years ago, another therapy similar to MCS, TENS (trans electrical nerve stimulation) was very popular for the treatment of pain. TENS involved placing pads on the skin and applying perceptible electricity to mask pain. Studies in rats using TENS in 1982 demonstrated significant cellular changes. A current of only 50-500 microamps produced an increase in mitochondrial (the cellular energy furnaces) activity and an increase in ATP levels of 300-500 percent with an increase in protein synthesis, which meant an increase in productive cellular activity (such as repairs).

A Belgian study demonstrated that MCS increases ATP concentrations in cells, and thus increased the ability of the cells to rid themselves of waste products. These observations led to very recent research into the effects of MCS on macular degeneration, the disease which, heretofore, good but limited results with only nutritional therapy.

In his book, *Miracle Eye Cure*, Dr. Kondrot reports he has seen impressive results with both the wet and dry forms, but the less advanced dry form does seem to do better. Additionally, if the patients can see the big E on the eye chart (vision 20/400 or better), the prognosis for visual improvement is very good, with 70 percent of patients making improvement. Persons with worse starting vision will still see improvement, but it's likely to be slower, and require more treatments.

Patient Richard Hazlett of Tarentum, Pennsylvania, makes unabashed praises for MCS. Now 60 years old, he started developing MD in his left eye at age 45 with the right eye now joining, he started MCS in July 2001. When he started the treatment, his eyesight was 20/400 and, even with bifocals, was unable to read. Within several weeks, he was able to read 25-30 verses of the Bible before fatiguing. At first, with no

focal vision, he was unable to see if the car in front of him had a license plate. After five months, he can now read the numbers on the plates. His rating of MCS: "Terrific!"

MCS is not TENS. TENS is a less-sensitive machine that delivers a fixed-current voltage. MCS must read tissue resistance and adjust the current according to the body's response. MCS is designed with a smart chip to read subtle changes in the electrical forces and resistance so that the electricity flows like a fine mist of a plant sprayer, rather than the brute force of a fire hose. The idea is to gently saturate the tissues with useful energy the cells can utilize to regenerate.

Additionally, a proper device should provide ½ Hz. Biphasic or bipolar pulses that change the current flow each second. This prevents uncontrolled DC current from producing electrical burns in the skin. The device recommended by Kondrot made by the Microstim Company produces a range of frequencies designed for multiple purposes.

In Chinese medicine, inflammation is called congestion. Specific body tissues develop high conductivity to attract and accumulate the body's electrical forces (becoming red and inflamed like a toaster filament with overabundance of electricity. This prevents normal electrical conduction to surrounding tissues. The Microstim units have two higher frequencies, which send pulses very rapidly into tissues to disperse the congestion. The congested tissues receive more electricity than they can handle, and the storage, exceeding their capacity, leads them to suddenly discharge the excess energy, allowing electron flow to deeper tissues much in need of the energy.

Lower frequencies of the device energize tissues like a trickle charger. Energy moves in slowly, not resulting in a discharge to surrounding tissues, but a filling up in the degenerated cells that's very similar to rechargeable batteries. If the cells can be recharged before they die, they can be restored to working capacity.

Here is an amazing figure. The macula contains *100 million times* more pixels, per unit area, than a high-resolution computer monitor! Those cells (rods and cones) are working at breakneck speed sending electrical impulses to the brain. Each impulse reduces the charge on the cell membrane. If not recharged, the cell will lose its function, become disabled and eventually die. Imagine you're running up a hill and breathing hard. If the hill gets steeper or the air thinner, it will take you

longer between each step. The same recovery time applies to each cell doing a similar aerobic.

How does MCS help those cells so effectively? Currently, there are several proposed mechanisms. It enhances glucose uptake for greater energy production. Nerve conduction velocity (speed of running) is increased. Arterial muscles are relaxed, allowing greater blood flow. Protein synthesis (cellular regeneration) is increased, and the recovery time for its "exercise," electrical impulses, is shortened. Analogy to physical exercise – you get a permanent "second wind" going up that hill.

To date, although anecdotal evidence is high for the effectiveness of MCS, manufacturers cannot make claims until proper "double-blind placebo controlled studies" are completed to the satisfaction of the FDA. Such studies are underway. However, because the machines are available and relatively inexpensive for such a debilitating and preventable condition, you should know about it so that you need not risk further damage to your vision waiting for the FDA's stamp of approval. Dr. Kondrot and colleagues have developed a comprehensive program of exercises, nutrition, and MCS to help the eye recover.

There is the possibility that MCS could help the age-related need for reading glasses (presbyopia). While little work has been done on that condition, it affects virtually everyone over 50 on some level. I am no exception and will be trying MCS for my documented presbyopia and will be reporting my progress back to you.

MCS devices cost as little as \$600 for high-quality machines for indefinite home use. I do recommend obtaining the machine from a holistic ophthalmologist (such as Dr. Kondrot) so that you receive proper instruction, evaluation, follow-up, and instruction on any facilitating therapies.

If it's impractical to see one of the ophthalmologists who offer this unique item, you can contact Dr. Kondrot by calling 800-430-9328 or e-mailing him at Ekondrot@pipeline.com.

I'm now recommending MCS along with nutritional therapies for all my MD patients. This is a most wonderful breakthrough to avoid crippling vision loss.

Lutein to Prevent Macular Degeneration

A number of studies and reports are demonstrating the power of certain bioflavonoids, in

particular, lutein, to protect against macular degeneration. In 1994, JAMA published a paper showing those in the highest quintile for lutein intake had the lowest rate of macular degeneration, a 43% prevalence reduction for those getting up to six mg per day in their diets. That figure has become the standard, even though there are no studies yet looking at pushing lutein intake further. A recent article in *Alternative Medicine* magazine reports that lutein supplements from marigold caused a significant increase in macular pigment. This pigment helps protect the macula from damaging free radicals.

I thought it would be wise to give you some information on lutein content of certain foods, and when reviewing this, it might help you understand why I so passionately recommend more vegetables in the diet. Phytochemicals are not found in grains or meat. They are in plants, and made by plants to protect them from the ionizing

radiation of the sun, which would create free radicals and kill the plant via a “sunburn,” were they not there. These same chemicals also protect us from free radicals hitting us, generated either from the sun’s rays or internally within the body.

I think the more lutein from diet the better. Thus, the following lists the amount of vegetable in ounces, which will contain 20 mg lutein.

beet greens: 10 oz
broccoli: 40 oz
brussels sprouts: 55 oz
celery: 20 oz
chicory leaf (raw): 7 oz
yellow corn: 92 oz
cress leaf (raw): 6 oz
endive: 18 oz
green beans: 97 oz
collard greens: 5 oz
mustard greens: 8 oz
kale: 3.25 oz
leek (raw): 38 oz
lettuce: 38-51 oz
okra (raw): 11 oz
pepper (red): 10.5 oz
pepper (yellow): 93 oz
pumpkin: 48 oz
spinach (cooked): 7 oz
squash (summer): 60 oz
squash (winter): 1984 oz
swiss chard: 6.5 oz

Action to take: You can see the tremendous difference between the lutein content of various vegetables, with more found in the darkest leafy vegetables. When my father came to visit me in Alaska from Florida, I always had plenty of kale in the garden for him. It’s not unreasonable or unrealistic for your diet to include this much lutein. Aside from the benefits in preventing macular degeneration, I will personally assure you incredible benefits in every aspect of your life, from cancer prevention to circulatory disease prevention. While the best nutrients are always found in food, you may need to take a supplement to get enough lutein. Healthy Resolve’s “Sharper Vision” and others like it, can be used to “supplement” your dietary intake. Please do not rely on it or any other to the detriment of dietary intake.

Nutrition and the Eye

“Eat your carrots,” our parents admonished us, “they’re good for your eyes.” And they were right. Carrots, and all sources of vitamin A and

Near Sightedness Now Linked to Excess Sugar in Diet

As if there were not enough reasons to limit sugar. Now there is evidence that the “Westernization” of the diet of aboriginal peoples may be a cause of the skyrocketing epidemic of near sightedness in such people. At the turn of the last century, less than one percent of certain Pacific Islanders and Eskimos had near-sightedness. Now rates have exploded to 50 percent. And on the island of Vanuatu, which has adopted the Western lifestyle but kept the traditional diet avoiding grains and cereals, there has not been such an increase, despite long hours of children reading in school. A number of studies suggest the mechanism is the deleterious and permanent action of excess levels of insulin on scleral growth during critical development periods. The sclera is the tough outer layer of the eyeball and is critical for maintaining proper shape, which contributes greatly to refraction. Of course, the elated insulin levels are a result of excess carbohydrate ingestion from “civilized” food introduction.

Action to take: Since this problem occurs in childhood growth and development, this discovery comes a little too late for most. However, it might make you think twice before providing your small grandchildren with refined carbs and sugary treats.

Ref: *Acta Ophthalmologica Scandinavica*, March 2002, vol. 80, p 125.

beta-carotene, are excellent for overall eye care.

We know that vitamin A is essential for human vision. In fact, vitamin A and its relation to eye care is one of the more studied uses for the vitamins — dating back some 50 years. Why, then, don't we hear more about vitamins and the health of the human eye? Well, there's not a lot of money to be made from selling vitamin A — or any other nutrient.

Symptoms of vitamin A deficiency include poor rapid-dark adaptation, pink or inflamed eyelids, and dryness of the cornea. So you can see how important vitamin A is to overall vision. An effective dose (under supervision of a doctor) for night blindness is 25,000 IU per day for one month with 20 mg of zinc per day.

There has been a lot of well-deserved press lately about an A-related micronutrient, beta-carotene, and its power as an antioxidant. This power extends to the eye: Beta-carotene is very helpful in fighting certain chemical reactions that can lead to macular degeneration. Beta-carotene, working as an antioxidant, helps to eliminate free radicals — those free oxygen molecules that contribute to the aging process.

When you take vitamin A and when you eat

vegetables containing beta-carotene, your body converts the beta-carotene to various forms of A called retinols. These retinols are used by the body for numerous things — repairing ligaments, transporting various enzymes, and playing a role in the bio-electrical process of vision.

In the eye, beta-carotene is converted to the aldehyde form of vitamin A. Your body uses aldehyde to initiate the electrical energy which travels along the optic nerve to the cortex of the brain — the place where vision is “created.”

As our grandparents so often told us, a deficiency of “carrots” leads to night blindness — the inability to adapt to low-light situations. A severe shortage of vitamin A and beta-carotene can indeed lead to blindness.

A specific hereditary disease, retinitis pigmentosa causes similar symptoms in the early stages. Symptoms are related to retinal/opsin metabolic deficiency secondary to the primary degenerative pigmentary changes and resulting destruction of the photoreceptors. Treatment with massive doses of beta-carotene and vitamin A acids has been shown to be effective in the early stages of the disease.

Other Vitamins and Micro-Nutrients for the Eye

Evidence continues to mount supporting the theory that at least two other carotenoids, lutein and zeaxanthin play a key role in age-related macular degeneration (ARMD). Researchers at Harvard Medical School compared the dietary habits of patients diagnosed with ARMD to those with other eye pathologies but without ARMD. They found a direct correlation with increased consumption of carotenoids and decreased risk of ARMD.

Science has long accepted the role of beta carotene's related compounds in retinal neurological processing, but recent studies indicate that some of the other carotenoids may have more profound effects on the aging eye. Vitamin C in its many forms (acids and mineral-bound ascorbates) is also important in tissue repair and as an antioxidant. Along with the antioxidant minerals: selenium, chromium, and the polypeptide glutathione (and its related amino acid glutamine), these nutrients may provide the key to maintaining better visual function in later life.

I suggest the following daily supplements as a good defense against age-related eye problems:

Diet and Cataracts

The “Blue Mountains Eye Study” in Sidney, Australia investigated the relationship between certain nutrients and cataract formation. The subjects varied in age from 49 to 97 years. They utilized food frequency questionnaires and lens photography to determine the relationship of nutrients to cataracts.

Higher intakes of protein, vitamin A, niacin, thiamin, and riboflavin were associated with reduced prevalence of nuclear cataract (a cataract on the inner part of the lens). Not all types of cataracts were affected by diet, but they discovered, the nucleus is particularly sensitive to nutrient deficiencies. Protein, vitamin A, niacin, thiamin, and riboflavin were all protected against nuclear cataract in this study.

Action to take: It's obvious, isn't it? Eat an omnivorous diet of animal protein, animal fat, dairy products, and some raw or lightly cooked vegetables. Eat carbohydrates in extreme moderation and as little vegetable fat — except olive and coconut oils — as possible.

Ref: *Ophthalmology*. 107(3):450-456, March 2000.

25,000 units of vitamin A
5,000 units beta-carotene,
400-600 IU tocopherol (vitamin E)
500-1000 mg vitamin C
25-75 mg zinc,
40-100 mcg selenium
25-100 mg l-glutathione

Lutein is just now becoming available in tablet form. If you can find lutein tablets, I suggest that you use these tablets at the dosage recommended by your holistic doctor. This is particularly important for older Americans who may be experiencing the beginnings of macular degeneration.

A List of Essential Nutrients

Here's a brief summary of some essential nutrients and how they can help to improve the function of the eye. B group vitamins should be taken as a complex:

Vitamin B₁ (thiamin) is one of the most important of the B group vitamins. Symptoms of B₁ deficiency include cystic breasts, burning or bloodshot eyes, unclear or double vision, conjunctivitis, eye fatigue, sensitivity to light, and dark spots in the visual field. I suggest a daily dose of at least 500 mg, which means that you cannot get the recommended dose in a multivitamin tablet as you can most of the other vitamins and minerals. So you will need to take a supplement.

Vitamin B₂ (riboflavin). Symptoms of lack of B₂ are burning or bloodshot eyes, conjunctivitis, eye fatigue, sensitivity to light, pupil dilation, twilight blindness, and dark spots in the visual field.

Vitamin B₆ may be involved in regulating eye pressure and may help prevent glaucoma.

Vitamin B₁₂. Symptoms of B₁₂ deficiency may include a general dimming of vision.

Vitamin C (ascorbic acid). The sclera of the

eye depends on vitamin C, and cataracts may begin when vitamin C becomes deficient. Glaucoma may also be treated by vitamin C, two gm daily for six days. The RDA is 60 mg. There is no known toxic dose. Vitamin C should be taken with bioflavonoids.

Vitamin D and calcium is another important combination. There is evidence linking childhood deficiency to myopia. Vitamin D is needed for the assimilation of calcium, and the prevention of waterlogged sclera. If the fibrous tunic around the eye has excess water, the interocular pressure may build up leading to elongation and myopia. Vitamin D and calcium have been shown to dehydrate the water from the sclera and reduce elongation.

Optometrist Ben Lane demonstrated that myopic children tended to have a diet higher in refined carbohydrates than clear-seeing children. This results in a deficiency of minerals, vitamins, calcium, and chromium, and an overabundance of phosphorus. High phosphorus reduces calcium levels. The RDA for vitamin D is 200-400 IU and the RDA for calcium is 800-1,200 mg.

Vitamin E has been shown to have a positive effect on some types of eye pathology. I suggest a dose of at least 400 units of vitamin E daily, so it's necessary to supplement your multi-vitamin formula with additional E.

Dark adaptation may be impaired by zinc deficiency. Taken in conjunction with vitamin A, it has been shown to alleviate macular degeneration and poor night vision. The RDA is 12-15 mg. Make sure that supplemental zinc is mixed with copper and selenium — check your multi formula for these minerals.

Chromium is vital for bodily regulation of energy. Deficiencies are caused by excess sugar in the diet. A good dose is 200 to 500 mg/day.

Say Good-Bye to Back Pain and Other Chronic Pain

Neural Therapy Could Solve Your Pain Problem

Alaska's new lieutenant governor was bringing his wife to me for intractable back pain. I was nervous. The plan was to give her a series of painful injections to try to restore integrity to the ligaments in her back. My assumption was that she had significant degeneration in her spine. Her pain was so severe she had been hospitalized for it. Her doctors were recommending back surgery even though her scans only revealed minimal degeneration. The scans certainly did not suggest a structural cause for her pain. Even though she hobbled into my office I could find no real anatomic cause for her pain.

Working on a hunch, I asked if she had ever had any root canals in her teeth. She answered yes, she had two root canals. She showed me where one was, and did not remember where the other one was. I suggested a simple technique and evaluation. She allowed me to inject a minute amount of a local anesthetic into the gum overlying the known root canal. Within seconds she reported minimal relief and her leg, which could not be raised off the table at first, lifted six inches. Not satisfied, I started searching for the other root canal using a subjective technique called applied kinesiology, practiced by many holistic professionals. I had her touch one tooth after another while testing the strength of her shoulder's deltoid muscle.

At last her muscle gave way as she touched a particular tooth and she exclaimed, "you know, I think that is the other root canal." I slipped a small amount of local anesthetic into the gum of that tooth and a few seconds later, she jumped off the table, pain free with full range of motion. She and her husband were shocked.

I was not surprised at all. I knew that both of her affected teeth were related to acupuncture meridians connected to the painful area in her back. I advised her that successful treatment of her pain was in the hands of her dentist, since the pain would likely return after the anesthetic I gave her had worn off. Sure enough, her dentist found a tiny abscess at the tip of the root on X-ray. And this

was an infection that she was completely unaware of. After the root canals were removed and the infection was cleared out, her pain completely abated and she lived the *rest of her life* with comfort in her back. Had she undergone the recommended back surgery when there was no indication for it, I believe her condition may have worsened considerably.

Millions of Americans have unexplained back pain or a host of other disorders. Strange as it may seem, the first place I examine in a person with chronic pain or any other unexplained condition is the mouth. Aside from the toxicity associated with mercury amalgam fillings, it has been known for decades that subclinical infections in the jaw, cavitations (holes in the bone from infection or dead tissue), root canals and dead teeth can serve as a focal point for the spread of disease throughout the body. How is this so?

In the 1920s, world renowned Westin Price, DDS, called the greatest dentist of his time, performed a variety of studies on root canals in animals. Dr. Price found and published some startling findings that are now virtually ignored by the dental profession.

Suspecting root canals as a major source of disease, he embarked on intensive study of their effects. He started by implanting a root canal from a sick human into a rabbit and found the rabbit developed the same illness the human had. He then looked to see if the cause was bacteria or their toxins. He found that an ultrafiltrate of the tooth containing no live bacteria injected into a rabbit had a similar effect. This suggests that toxins from the bacteria were at least partially responsible for the illness in the rabbit. Root canal teeth from sound healthy people implanted into the rabbit caused no harm. Diseases that were transferable included rheumatism, endocarditis (heart valve infection), kidney and bladder disease, arthritis, eye and lung diseases, pregnancy complications, intestinal disease, and virtually every chronic problem. Ninety percent of the teeth were infected with strep.

It was next to impossible to eradicate all the organisms from the nearly three miles of dentin tubules inside the average tooth. Dentin tubules are

tiny tunnels inside of teeth. They are loaded with toxins and bacteria. No method existed (nor does it still) to keep the bacteria contained in the infected tooth, and the bacteria tended to become more virulent (toxic and dangerous) when confined and contained to the dentin tubules in the absence of oxygen. Furthermore, toxins easily migrate out of the tooth. Only 30 percent of those individuals Dr. Price examined with root canals had excellent immune systems and even those individuals were easily overtaken by any new stress. Dr. Price found that bacteria could easily migrate from teeth to the bone or be left behind when a tooth was not cleanly removed.

Migration to the bone causes a condition called a cavitation or a diseased cavity within the bone! Strangely enough, the large lesions filled with pus were the least likely to cause distant disturbances. Smaller lesions called condensing osteitis might be far worse indicating a weakened immune system. The good news is that when the offending tooth was removed properly, the distant disease would quickly and spontaneously disappear. What this tells us is that root canals may not be the best choice, compared to the removal of a diseased tooth. The high rate of root canals performed by today's dentists may at least partially explain the high rate of chronic pain and suffering where there is no obvious clinical explanation.

When you are choosing your dentist, look for one who is mercury free and who does not advocate root canals. Look for a dentist who practices "biological dentistry." A dentist who does will follow the goals of identifying areas that

need treatment, and providing treatments to individuals that will not create the health stressors that conventional dental treatments may induce.

Working in conjunction with other health care providers, the biological dentist will investigate whether a hidden infection of a dental origin exists, and whether it may be the source of (or contributing factor to) overall health problems. It is also possible that hidden dental infections can be interfering with the effectiveness of medical therapies for existing health conditions.

Believing that dental therapies, materials, and procedures can effect the whole body — organs, organ systems, tissues, etc., biological dentistry is concerned with providing treatment and therapies that cause the least disturbance to the immune system.

Biological Dentistry can be categorized as dentistry with a conscience. A consciousness of how the treatment of the teeth and jaws affects the health of the individual and how this same treatment affects the immune system. Will it be congruent and health enhancing or will the treatment compromise the health of the individual?

Demand the best from every practitioner on your health care team. For more information contact the Foundation for Toxic Free Dentistry (P.O. Box 608010, Orlando, Florida 32860-8010). This is a nonprofit group whose main goal is to educate and refer the general public to biological dentists all over the world. Send a self-addressed, stamped (\$0.55) envelope and they will send you information and referrals.

Turn Off Your Pain Switch With DMSO

Dimethyl sulfoxide (DMSO) is a simple chemical made from wood pulp. Yet this simple compound has amazing properties, not the least of which is the ability to penetrate the skin. Rub a bit of DMSO liquid or gel on a sore muscle and almost miraculously muscle pain is relieved. Swollen joints and muscles disappear almost immediately. Arthritis pain is relieved. Joint diseases of all kinds are helped by DMSO's ability to penetrate and relieve pain.

DMSO has been used with varying degrees of success in a great variety of medical ailments, including burns, trauma injuries, bursitis, arthritis, cancer, scleroderma, urinary tract disorders, osteomyelitis, cerebral edema, neurological disor-

ders, multiple sclerosis, cardiovascular diseases, respiratory disorders, herpes, and a variety of infectious processes, etc. The therapeutic spectrum has, curiously, been a major drawback, seriously affecting the credibility of clinicians working with the compound — it cures everything, it cures nothing. DMSO is not a panacea, but it is a legitimate pain reliever.

The Great Pain Reliever

How DMSO relieves pain is not fully understood, but recent lab studies seem to indicate that it cuts pain by blocking peripheral nerve C fibers. Burns, cuts, and sprains have been treated with DMSO. Relief is reported to be almost immediate

and can last for six hours or more. There seems to be no build-up syndrome — in other words, unlike many drugs, the body does not need increasing amounts of DMSO to relieve pain. A little bit goes a long way — and DMSO works on pain day after day. (It should be noted that chronic, severe pain may not respond to treatment immediately. But it may respond with continual use after a number of weeks.)

As an anti-inflammatory, 70 percent solution (or gel) works in an almost miraculous fashion in many, but not all, cases. I've seen swollen ankles shrink in size in less than an hour. (Any of you who have had a badly twisted ankle know that it can take more than a week to return to normal size.) How DMSO accomplishes this is again not fully known. But it appears to work because of its antioxidant abilities. When, for example, your ankle is injured, free radicals tend to gather at the site. DMSO eliminates the free radicals and thus swelling is almost immediately reduced. This capability has been observed in experiments with laboratory animals (*Gastroenterology* 88:1126-1167, 1985) and in 150 ulcerative colitis patients in a double-blinded randomized study in Baghdad, Iraq (*J. Lab Clin Med* 119:740-747, 1992).

At the Cleveland Clinic Foundation in Cleveland, Ohio, in 1978, 213 patients with inflammatory genitourinary disorders were studied. Researchers concluded that DMSO brought significant relief to the majority of patients. They recommended the drug for all inflammatory conditions not caused by infection or tumor in which symptoms were severe or patients failed to respond to conventional therapy.

Imagine, DMSO is a better anti-inflammatory than aspirin itself, and is certainly safer than steroids, the new favorite. And it can be given locally as well as intravenously. Did I say intravenously? Yes. Many enlightened physicians use DMSO in this manner, particularly for fast relief for rheumatoid arthritis patients. I've used this treatment for many years and have always been amazed at how quickly patients begin to feel better. People in pain for years have noticeably less pain and much more movement after three days. But, I must emphasize, DMSO is not a cure for rheumatoid arthritis. Some respond dramatically and some not at all — and the relief, when it occurs, is not permanent.

DMSO and Arthritis

DMSO eases pain and it is anti-inflammatory. Does this sound like a possible aid to the treatment of arthritis? You bet. Does it work? Yes, in many cases, but certainly not in all. Is it worth a try? Without doubt. Intra-venous DMSO has been used in many cases to treat severe rheumatoid arthritis. But there have been many cases where it did not work!

For other types of arthritis, I'm convinced that DMSO's ability to scavenge free radicals is key to its effectiveness. It just makes good, common sense that if DMSO can eliminate free radicals, and we know that free radicals are involved with many types of arthritis, then DMSO may be of some relief in some cases.

The Committee of Clinical Drug Trials of the Japanese Rheumatism Association conducted a trial with 318 patients at several clinics using 90 percent DMSO and concluded that DMSO relieved joint pain and increased range of joint motion and grip strength, although performing better in more recent cases of the disease (*Ann NY Acad Sci* 141:560-568, 1967).

Rheumatoid Arthritis

A study was conducted in Germany on 177 rheumatoid arthritics (John and Laudahn, 1967). The patients were generally under treatment for six months. Routinely the patients' dosage of DMSO was two to five ml of 90 percent DMSO applied two to four times daily over the affected area as well as the surrounding tissue. Seventy-four patients achieved complete remission of symptoms, 68 patients obtained partial remission, and only 35 received no benefit. The most dramatic response was in patients with minimal systemic involvement. The study indicated that long and continued periods of treatment were necessary.

Another clinical study was conducted in Japan (Matsumoto, 1967) involving 273 patients suffering with rheumatoid arthritis. The patients tested were limited to those rheumatoid arthritics with active involvement of the upper extremity joints. Prior to initiating treatment, during treatment, and following treatment, a complete series of diagnostic tests such as grip strength, joint circumference, range of motion, pain, and complete urine and blood tests were performed. The patients were divided into three groups. One group was given a 90 percent DMSO solution,

another group a 50 percent solution, and the third group was given a placebo substance. The patients applied their solutions to the affected areas of their bodies twice daily during the four weeks.

Significant results were observed with both of the groups treated with DMSO. DMSO relieved joint pain and increased grip strength and joint range of motion. DMSO proved most beneficial for patients whose illness had been of short duration and was at an early stage of development. The 90 percent solution was most effective.

Thirty-six rheumatoid arthritics were involved in a clinical study in New Jersey (Demos, et al, 1967). A 90 percent DMSO solution was applied to the affected and surrounding tissue. The usual dosage was 0.1 to 0.2 ml per kilogram body weight daily. Excellent to good results were observed in 50 percent of the patients tested.

The recommended area of application of DMSO for arthritis is the affected joint or joints and also a large area surrounding the joint. If a patient has arthritis of the hand, the entire hand and also halfway up the forearm should receive application. In more severe cases, a series of intravenous infusions of DMSO may be implemented at the onset of treatment. Unfortunately, DMSO is not a cure for rheumatoid arthritis but it gives relief in most cases.

Osteoarthritis

The largest single clinical study of the effectiveness of DMSO in osteoarthritis was conducted in Germany (John and Laudahn, 1967) involving 1,641 patients. The course of their treatment ranged from two to six months. Approximately two to five ml of a 90 percent DMSO solution was applied to the affected and surrounding areas two to four times daily the first week, then reduced to twice daily until remission of symptoms occurred. Complete remission was obtained in 851 patients, partial recovery in 553 patients, and only 237 received no benefit from the use of DMSO.

A further report (Steinberg, 1967) describes findings with an additional 152 osteoarthritis patients. A 90 percent solution was applied to the affected joints and surrounding areas four times daily. Patients noticed a significant decrease in pain within minutes of application, and the effect usually lasted four to six hours. A remarkable 84 percent showed significant results as evidenced by decreased swelling, pain relief, and increased mobility of the affected area.

Because of the chronic nature of the disease, topical therapy must be maintained for months. When DMSO is used topically in osteoarthritis, it is imperative to also include the surrounding six-inch area as well as the affected joint for optimal results. In severe cases, a series of intravenous infusions of DMSO over a one-to-two week period at the onset of treatment is often the treatment of choice. In addition, a balanced nutritional and herbal supplement may be required. In severe cases of osteoarthritis, the treatment may be further supplemented with the use of chelation therapy. See Halstead (1979, 1980) for further details on chelation therapy.

Osteoarthritis is basically a disease of aging — your eyes wear out, your hearing becomes impaired, and your joints deteriorate. So there will never be a cure for osteoarthritis — if you live long enough, you will get at least some of it. It's part of the price you pay for the Golden Years, but with knowledge and care, its development can be greatly slowed or delayed.

Gouty Arthritis

Gouty arthritis is an acute disease of the joints of the extremities which may progress to become chronic and deforming. It is a disease that generally affects adult males. The disease is caused by a nutritional and metabolic disorder.

In a study conducted on 19 patients with gouty arthritis (John and Laudahn, 1967) receiving topical treatment with a 90 percent DMSO solution, 16 patients obtained complete remission of symptoms and three achieved partial remissions. There were no failures. A further report (Blumenthal and Fuchs, 1967) on five patients receiving a 90 percent solution describes finding two patients with excellent results, two patients with good results, and one failure to respond to treatment.

The general dosage in the treatment of gouty arthritis is five ml of a 90 percent DMSO solution applied to the affected area and to the surrounding area two to four times daily until symptoms subside.

Bursitis

Bursitis is an inflammation of the bursa that surrounds the joint. The disease is characterized by pain, tenderness, swelling, and a limitation of motion to the involved joint. Bursitis may be caused by gouty infection, rheumatoid arthritis, or trauma.

An early report of clinical findings concerned a study of seven patients with acute bursitis (Rosenbaum and Jacob, 1964). Therapy involved topical application of six to eight ml of 90 percent DMSO solution to the affected area. Within 20 minutes all seven patients experienced pain relief and improved range of motion of the affected joint.

A subsequent study was conducted on 1,075 bursitis patients receiving DMSO treatment (John and Laudahn, 1967). Treatment consisted of approximately five ml of 90 percent DMSO solution applied to the affected area two to four times daily. There were 293 patients suffering from acute bursitis. Complete remission was obtained by 136 patients, 121 patients obtained partial remission, and 36 patients showed no response to treatment. Of the 782 patients suffering from chronic bursitis, 345 received complete remission, 321 patients obtained partial remission, and 116 showed no improvement following three months of DMSO therapy.

Further proof of the effectiveness of DMSO treatment in bursitis was reported in a clinical study involving 141 patients (Demos, et al, 1967). A 90 percent solution was applied liberally to affected areas and surrounding tissues. Good to excellent response was observed in 73 percent of the patients with acute bursitis and 57 percent in chronic bursitis. In the experience of Parsons, et al (1967), relief of pain and an increase in range of motion was achieved in 90 percent of the patients suffering from chronic frozen shoulder.

Tendonitis and Peritendonitis

Tendonitis and peritendonitis are characterized by inflammation of the tendons and their surrounding area and can occur in various areas of the body; however, the most common occurrence is at the shoulder, wrist, elbow, ankle, and knee. It may be due to excess use of the area or to a single or repeated injury. Symptoms of the disease are local pain and inflammation.

A report of a study on 50 patients (Steinberg, 1967) showed that a remarkable 94 percent of the patients received most favorable results. The treatment given was 90 percent DMSO solution applied liberally to the area every four hours initially, then decreased for the duration of the treatment. The response to the DMSO was rapid, generally within 10-15 minutes following application.

Back Pain and Disc Disorders

There can be various causes for acute or chronic back disorders. There could be a local mechanical defect or injury present, a structural inadequacy, an intervertebral disc abnormality or disease, or an abnormality elsewhere in the body contributing to the disorder. The ability of DMSO to be effective in disorders of the back is largely determined by the cause of the disorder. DMSO does have the ability to decrease pain and inflammation; however, if there is a mechanical or structural cause underlying the pain, its effects will only be transitory at best.

A study was conducted in Washington, DC, on 17 patients with chronic back pain (Blumenthal and Fuchs, 1967) that were treated with a topical application of 90 percent DMSO several times daily over a period of two days to eight months. Four patients obtained excellent results, nine received good results, and four reported no improvement.

Another clinical study was conducted on 18 patients with discogenic disease (Steinberg, 1967). These patients were treated with applications of 90 percent DMSO every four to six hours. The patients with recent injury or acute illness responded more quickly and readily than the patients with chronic back disorders. The overall positive response in both groups was 50 percent. Of those that did achieve excellent results, relapses were uncommon.

Sprains, Strains, Whiplash, and Athletic Injuries

Some of the most striking and gratifying results in DMSO therapy have been obtained in patients suffering with tissue injury because of DMSO's ability to decrease inflammation, improve circulation to the injured area, and to promote pain relief. Often when treating patients with these injuries, the use of splints, elastic bandages, and adhesive taping can be discarded. Frequently, within one to two hours of treatment, there is almost complete relief of pain and tenderness. The incapacity of the patient being treated can be substantially lessened and the time loss from work can be greatly reduced in patients receiving DMSO.

A clinical study on 223 patients with sprain injuries and 145 strain injury patients was conducted (Demos, et al, 1967) using topically applied 90 percent DMSO liberally to the involved area

several times daily. Excellent results were obtained in 83 percent of the patients with sprain injuries and 67 percent in strain injury patients.

In Germany another study was conducted on 479 patients with sprains, strains, and tissue contusions (John and Laudahn, 1967). The patients received two to five ml topical 90 percent DMSO two to four times daily immediately following injury and for the first week; then the dosage was reduced to once or twice daily until remission of symptoms occurred. Complete remission of symptoms was achieved in 325 patients, partial remission in 95, and only 59 patients showed no response to DMSO treatment.

A study conducted in Pennsylvania (Steinberg, 1967) involved 53 acute injury patients. This group consisted of not only sprain and strain patients, but also whiplash and back injury as well as other acute tissue injury. The patients were given a topical 90 percent DMSO solution every four to six hours initially. Application was repeated as often as necessary to relieve pain and assure mobility thereafter. Generally, the patients treated noticed evidence of pain relief within 20 minutes which lasted an average of four hours. A favorable response, evidenced by motion restoration and pain relief, was achieved in 81 percent of the patients treated.

Blumenthal and Fuchs (1967) reported on 29 patients with acute musculo skeletal injuries who received topical 90 percent DMSO therapy for only two to eight days. Excellent results were obtained in 12 patients, good results in 11 patients, and six patients obtained poor results. Luth (Jacob and Wood, 1967), of Germany, treated over 400 patients with DMSO who had received athletic injuries and found DMSO to be the drug of choice in their treatment. Also, Dr. Paul, the team physician for the Toronto Mapleleafs baseball team made a comparative study of DMSO with his athletes. He found that time lost due to injury in the year DMSO was used was 28 days, whereas the previous year's loss was 42 days. These results are significant because professional athletes have strong motivation to return to work as soon as possible. Paul concluded that DMSO was the drug of choice in treating athletic injuries.

Clearly, the earlier an acute injury, such as an ankle sprain or whiplash, is treated with DMSO, the better the result, both short-term and long-term.

Fractures

It has been found that DMSO is a useful adjunct in the treatment of fractures where inflammation and/or persistent pain are present.

A clinical report on 147 bone-fracture patients (John and Laudahn, 1967) in which a 90 percent DMSO solution was applied to the affected area several times daily showed 88 patients received excellent results, 39 good results, and 20 failed to achieve benefit from therapy.

The use of DMSO in patients with one fracture is further supported by Blumenthal and Fuchs (1967). Seven patients with hip, rib, and toe fractures were treated with 90 percent DMSO over the fractured areas. All patients were benefited, three obtained good results, four received excellent results. DMSO kept the patients quite comfortable without the use of pain medication. Two other patients received similar treatment with DMSO (Steinberg, 1967) for rib fractures and hip fractures, and both obtained excellent results.

A Few Tips on the Use of DMSO

Black market or industrial quality DMSO is rarely pure enough for safe use with humans; its use is not recommended. Several companies manufacture a high grade of DMSO, and it is available in the United States. DMSO is available in liquid, gel, or in a roll-on applicator. I prefer the gel form, 70 percent maximum strength.

For fair-skinned individuals, a 50 percent solution may be preferable.

Before using topical DMSO, place a small amount on your skin. If there is no reaction, fine. Stop if itching or redness develops.

A 70 percent solution of DMSO is the strongest concentration recommended for topical use. Fair-skinned people may need a weaker solution.

When using topically for pain, spread the DMSO in an area slightly larger than the area of pain. Wait 15 minutes to allow the DMSO to be fully absorbed.

When using DMSO, avoid contact with toxic materials. Remember, DMSO is rapidly adsorbed, and mixing DMSO with a toxic chemical may speed the absorption of the toxin.

For maximum efficacy, do not apply DMSO every day. If your pain is chronic, use DMSO five out of every seven days. Most users experience an odd taste in their mouths; some experience a garlic-

like breath odor that may be distasteful, and many may have a garlic-like odor emanating from the skin, all related to the sulfur found in the DMSO.

Some Caveats

Like any remedy, DMSO must be used wisely. As I've already said, since the spurious claim of an allergic-reaction death in 1966, there have been no problems with DMSO's use — either internally or externally. Still, a few words of caution:

Allergic Reactions — Some people experience a small amount of swelling or redness at the site of application. A slight reaction of this type is expected; anything more and you should discontinue use. If you are an allergic person by nature, use a very small amount of DMSO on your skin as a test.

Pregnancy — I'm cautious when it comes to pregnancy and the use of any remedy. DMSO has not been studied in pregnant women. But I've seen some animal studies that, in a small way, hint that DMSO may cause birth defects in some species. My advice: If you're pregnant, DMSO (or most other remedies) should not be used.

Breast-feeding — Since DMSO is absorbed into the body, it can be passed into breast milk. If you're breast feeding — and for your child's sake, you should be — do not use DMSO. In fact, your baby will probably make a funny face and start crying — have you ever tasted DMSO?

Children — If used in small amount, there is no problem applying DMSO to your child's skin, for example, in case of a sports injury. But use the minimum amount; in fact, I would suggest a 50 percent topical solution for children.

Older Adults — Absolutely no problems

when used properly. If you are in chronic pain, I suggest that you use DMSO five out of seven days. This two-day respite gives your body a chance to metabolize the DMSO.

NOTE: If you are undergoing treatment for interstitial cystitis (requiring intravenous DMSO), notify your physician immediately if you experience nasal congestion, shortness of breath or troubled breathing, skin rash, hives, itching, or swelling of face.

QUESTION:

Where can I safely purchase DMSO?

DMSO products that can be applied externally can be purchased from a company called DMSO, Inc. in New York. At this time, the company does not accept credit card orders, so you must send them a check or money order made payable to DMSO, Inc. (you can have them deliver it C.O.D. for an extra \$5). Here is a list of what they offer:

- 16 oz. bottle of DMSO liquid (specify whether you want the sprayer or not) — \$19.95.
- 16 oz. bottle of DMSO gel — \$19.95.
- 4 oz. bottle of DMSO rose-scented cream — \$12.95.

I recommend the gel in a 70 percent solution. Please specify which solution you want. You'll also need to include a shipping & handling charge of \$4.00 for each order — no matter how big the order is.

You can order these products by sending your check or money order to DMSO, Inc. at 3457 Weidner Ave., Oceanside, NY 11572. If you would like more information or to order by C.O.D., you can call DMSO, Inc. at 1-800-367-6935.

In Dire Pain? There's Now Hope for Relief

At a "Cancer 101" Congressional briefing last year, experts testified that many physicians are still hesitant to treat cancer pain aggressively. Studies show that more than 70 percent of cancer patients develop significant pain during the course of treatment, but few are treated even though effective drugs are available.

Dr. Betty Ferrell, of City of Hope Cancer Center in Duarte, California, said fear of addiction keeps many physicians from prescribing — and many patients from asking about — pain

relief. "Both patients and doctors are often more worried about addiction than pain relief — *especially when the patients are children*," Ferrell said to Eliza Bussey, of Reuters Health.

Can you imagine that? *Children* are the "minority group" that receives the least pain relief?

Dr. Robert L. DeWitty, Jr., of Howard University in Washington, DC, said: "*Addiction should not be an issue for oncologists* and physicians should prescribe and patients should ask for pain medication...." This, of course, needs to

be applied to all patients in severe pain — not just cancer patients.

For too long we've allowed people to suffer for no reason. Now that we've moved into the 21st century, it's time that our pain management caught up. In order to do so, and this may seem preposterous, we need to reeducate the doctors *on their primary responsibility to their patients*: The relief of suffering.

"I advise," Ferrell said, "to start light and to move up: First starting with a non-narcotic, if possible, followed by a long-lasting narcotic, taken orally two times a day." Sadly, many people simply don't respond to oral medications. "If pain still persists," continues Ferrell, "*I usually recommend the Rolls Royce of pain medication, the morphine pump, where 100 percent of the pain can be alleviated.*"

One thing she didn't mention, but should have added, is that the patient can self-administer the narcotic when needed. This is very important because it has been shown that if the patient can stay *ahead of the pain*, less narcotic is needed overall.

This is pain management at its best, what every patient suffering from cancer, post-operative, neurologic, "failed-back" syndrome, reflex sympathetic dystrophy (RSD), or orthopedic pain deserves and pays for — but, too often, does not receive. While the morphine pump doesn't always work in every situation for every person, it's still the closest thing to a pain-free life that chronic pain sufferers may ever experience.

There are at least two types of morphine pumps, the Infusiport and the SynchroMed®. I prefer the latter, as it delivers medicine straight to the spinal cord, where it blocks pain with a fraction of the medicine required by oral administration. This means the chances for addiction are reduced considerably. Medications taken orally have systemic effect, meaning they deluge the whole body rather than concentrating on a single area. When the body is flooded with morphine, side effects such as sleepiness and confusion can occur, which could dissuade your doctor from prescribing enough pain medication.

According to the *Detroit News*, the Infusiport "sends a steady stream of morphine through a central line in the patient's chest, directly into his heart. There the drug enters the patient's bloodstream and proceeds to block whatever pain he's

having at the time. With the press of a button, the patient can increase the amount of medication he receives if he's having a particularly bad day." This method isn't much different from taking the oral medication, except that it doesn't take as large of a dose. Both pumps are effective, so you'll have to decide which is best for you.

The sad part of this story comes back to the doctors, and here's where you've got to get proactive about pain treatment. In the *Detroit News* article, a patient named Arnold suffered from so many deformities and malfunctions in his body that there were a lot of reasons for pain to exist. He had suffered from excruciating pain since he was in his early teens. To get the morphine pump, "It only — only, he jokes — took him years of arguments, surgeries, and doctor visits to convince the well-meaning folks in the white coats that morphine was truly the best solution for him.

"I've had a lot of success with it," he says. "I can function. I actually take less medicine now because my pain is under control."

"The best thing about the morphine pump, he says, is that he's not chasing the pain; he's preventing it. It allows Arnold to be proactive, responding to the unwavering threat of pain instead of the pain itself.

"People in pain are still citizens who go to school, go to work, have families and pay taxes," Arnold says. "We're not drug addicts. We're not lazy. We just need a little bit of help to function."

Best of all, most insurance companies (including Medicare) will pay for the implant surgery (you'll probably have to get approval before surgery, though), so you can be on your way to a relatively pain-free life without breaking the bank.

Obviously, different pain requires different treatment, so you need to work with a doctor who understands the significance of reducing your pain as much as possible. Because it requires surgery, the pump should probably be the last thing you try, but one to try without reservation if nothing else works. If you'd like more information on the morphine pump, talk to your doctor — and remember, never be afraid to ask for more pain medicine.

Ref: Congressional briefing, mid-2000, reported by Eliza Bussey, Reuters Health; Long Island Spine Specialist, PC (2171 Jericho Turnpike Suite 304, Commack, New York 11725, Phone 631-462-2225 Fax 631-462-2240); *Detroit News*, August 1, 1997.

Finding Relief for Chronic Pain

Through the years, I've received a number of letters from people wanting to know how they can treat their pain without the help of a doctor.

Truth is, if you have severe pain that's different from anything you've had before, you should see a doctor. Serious pain could indicate a serious problem. For instance, a pain at the right upper quadrant of your abdomen may be gall bladder inflammation, appendicitis, kidney stones, colitis, pneumonia, or even early shingles. These things require the services of a qualified doctor because all of them (except shingles) can be "fixed" with proper medical or surgical care. When in doubt about pain, see the doctor.

However, before you go and have a morphine pump installed, you might want to check with an alternative doctor about some of the following therapies:

For migraine headaches, pain expert Dr. Michael B. Jacobs recommends a combination of aspirin and caffeine, such as Anacin. I suggest that Dr. Jacobs has never had a migraine headache because none of these compounds will do anything for a real migraine attack. Codeine or Demerol by mouth is quite effective if the migraine attack is caught early, especially Demerol. If you notice that your migraine headaches are preceded by pain in the back of your neck, prolotherapy may be the answer to your prayers. Prolotherapy (nonsurgical ligament reconstruction) has been used successfully to treat these types of migraines for many years. (See prolotherapy.com for more information.)

Gallbladder attacks (cholecystitis) — inflammation of the gallbladder, which is located at the right upper quadrant of your belly, at the margin of your rib cage — is surprisingly amenable to home remedies. Hot compresses over the area of pain will often give quick relief. For reasons unknown, a thorough enema is also effective in relieving the pain of cholecystitis. If you've had gallbladder attacks before and thus are familiar with the symptoms, this may be all the treatment you need for this malady. It will probably recur, and you'll have to repeat the procedure outlined above. With the new endoscopic methods of surgery that are now available, surgical treatment of this disease is simpler, much safer, and relatively painless. If you are having these painful attacks more often than twice a year, you should consider this surgery.

Abdominal pain is a specialty in itself. If you procrastinate and self-medicate too long, the result can be disastrous. Appendicitis usually starts with pain in the right lower quadrant or with nausea. With physical examination and history (i.e., asking the patient some important questions), the diagnosis may be made by an astute doctor. But even the best diagnostician often will be wrong. However, the British have invented a fiberoptic method of examination that seems to be 99 percent accurate.

This diagnostic procedure will save a lot of people an unnecessary operation and the subsequent pain. And there's more good news about appendicitis. If the inflamed appendix is in the early stages of infection, a hefty dose of penicillin will arrest the condition and it seldom returns. Unfortunately, American surgeons aren't on to this, or simply don't accept it. They like to operate.

Joint pain — In addition to the therapies I've already discussed, there are occasions when neural therapy is remarkably effective, especially where only one joint is involved. Neural therapy is the use of procaine injections into the superficial layers of the skin around the inflamed joint. This is a German technique and when the reaction is near-miraculous, such as a complete clearing of a severely inflamed joint in 24 hours, the German doctors call it "lightning reaction." A friend of mine had one case like this and it astounded me.

A mother brought her son to the doctor with Still's disease — rheumatoid arthritis of children. He had a severe, painful, rheumatoid right knee that couldn't be touched. He was terrified of doctors.

The child had a "lightning reaction" to the injection of the procaine into the skin around the knee joint. The mother called my friend the next morning and said, "I have never seen anything like it," she said, "the knee is completely normal. I can't keep him still."

Akin to neural therapy is scar therapy. Scar therapy is related to the acupuncture meridians and achieves remarkable results in some patients. Milissa Tolifero, MD, who practices in Arkansas, had a typical case in which scar therapy brought about a reaction as dramatic as the lightning reaction described above in neural therapy.

There is a relationship between some scars

and nearby acupuncture points. As you may know, acupuncture points don't have any relationship to parts of the body that make any "sense." They are "conduction pathways" that are unrelated in an anatomic sense to the conventional peripheral nerves. So the injection of scars with procaine anesthetic can sometimes have remarkable results you would not expect on a chronic pain site.

Obviously, these treatments require the help of a doctor, but they are so revolutionary they are worth the trip to his office. Best of all, they don't require any surgery, so you might as well give them a try — especially if all the do-it-yourself therapies don't work.

Magnets — Cure or Quackery?

Carlos Valbona, MD, a rehabilitation medicine specialist at the Baylor College of Medicine (Texas), had scoffed at the idea of magnets applied to the skin relieving pain. But more and more patients were coming in and telling him the magnets worked on their particular pain.

His curiosity was finally aroused to the point that he started dabbling with the treatment, even though he was aware that the words "magnet" and "quack" had become synonymous among those who deride alternative medicine in the press.

His first patient was a priest who had post-polio back pain so severe he couldn't lift his hand to bless his parishioners. "I told him, 'There is one thing I could try. It hasn't been proved scientifically, but it might just help,'" Dr. Valbona said to reporter Judith Mandelbaum-Schmid, a contributing writer at *Walking* magazine. He placed one magnet on the priest's back. "Within minutes," says Valbona, "he came out of the examining room and said: 'It's a miracle. I can raise my arm.'"

Encouraged by these results, Valbona undertook a study of 50 subjects, half of whom would receive a placebo for their pain (a dummy magnet) and the other the magnet therapy.

Seventy-six percent of the magnet-treated patients reported pain relief during the 45-minute treatment period, compared to only 19 percent of

Q: My son suffers from cluster headaches. He takes Lithium, which doesn't help, and at times he takes Imitrex injections and this causes a rapid heartbeat. Can you suggest an alternate method?

— A.B., Valley Stream, NY

A: Chronic cluster headaches are a fairly common type of headache that can appear suddenly and are often very severe.

The first thing you need to look for to solve this debilitating pain is food allergy. Alcohol use or any food you're allergic to could trigger attacks. I recommend calling the American Academy of Environmental Physicians (316-684-5500) for a trained physician empathetic with the impact of environmental triggers on the body.

If food allergies aren't causing your son's headaches, I've treated cluster headaches successfully looking for an interference field (IF). An IF is a disturbance to the nervous system caused by scars, root canals, old injuries, and possibly mercury amalgam fillings.

One of my patients, I'll call him Larry, was a 50-year-old man with recurrent cluster-type headaches. Larry had numerous scars over his body and even his face. After some simple questions, I determined the headaches began after he incurred the physical trauma causing the scars. Any scar can have a deleterious effect on the autonomic nervous

system, so I evaluated him for energetic disturbances at each scar using a chiropractic technique called kinesiology. Kinesiology is a simple test that measures the strength of an indicator muscle — for instance, hold your arm straight out and have someone push it down while you try to hold it up. Then, while holding the same arm out, use your other hand to touch the scar and have someone push down on the outstretched arm. If the arm goes down easier than before, you know there's an interference field.

The reason this test works is because it draws the attention of the nervous system to the scar when you touch it. With Larry, I found one disturbance on a lip scar. The treatment was a simple injection of a local anesthetic, procaine, into the scar. The injection blocks the interference field and allows the nervous system to function normally. In this case, the procaine permanently resolved his cluster headaches.

I've had similar results in several of my patients, but the problem isn't always scars. I've found several cases of cluster headaches to be related to failed root canals or other compromised teeth. Most of the practitioners of "neural therapy" have been trained by the gifted physician, Dietrich Klinghardt. His office could direct you to someone close by who has attended his seminars (Dietrich Klinghardt, MD, PhD, 1200 112th Ave. NE #A100, Bellevue, WA 98004; www.neuraltherapy.com; 425-688-8818).

the placebo patients. These findings in a double-blind study are impressive.

Do they really work? Some think so: Americans spent an estimated \$200 million on magnets in 1998 alone.

If magnets relieve pain, and they certainly seem to, no one knows how they work. Some experts believe magnetic energy alters the chemical interactions in nerve fibers that are responsible for pain impulses. Others say the effect is due to

increased blood flow to the area. I subscribe to the first theory.

Action to take: A magnet is a magnet, so one is as good as the other as long as you have the proper strength. The magnet should be 500 to 1,000 gauss. You can find magnets at most health food stores and on the Internet. They're so prevalent many golf shops and sporting good stores carry them. Just make sure you're getting the right strength.

Say Good-Bye to Heartburn, Gas, and Abdominal Pain

In the body, lots of things can go wrong without you even noticing. Digestion is not one if them.

When your digestion is not working, the condition is painfully obvious to you and announces itself audibly and embarrassingly through belches, burps, and flatulence. You may feel miserably bloated, be plagued with heartburn, cramps or nausea, or you may be trapped in the bathroom with diarrhea or constipation.

It is practically impossible to ignore digestive problems, although many people over the age of 30 endure indigestion without seeking treatment or changing their eating habits. They often turn to antacids like Tums or Rolaids, but despite the promises made all day long on TV, rarely do these truly spell or bring relief. It's only when symptoms become extreme that most people are willing to take action to improve their digestion.

What can you do to improve your digestion? There are many simple things you can do for yourself. Here are some basic guidelines that are sure to make a difference for you.

I have found that successfully overcoming digestive problems depends on a commitment to change your eating patterns. This coupled with effective natural treatments may help you truly get relief. All schools of natural medicine have approaches to help cure indigestion. There are many roads to the same end. Below are some of the more common digestive problems and some effective treatments. If your digestive problems are severe or persistent, I recommend that you work with your integrative physician, nutritionist, or naturopath for diagnosis and treatment.

Acid Indigestion, Gastritis, and Heartburn

When the stomach needs to digest protein, it secretes hydrochloric acid (HCL). If too much HCL is produced, it may back up into the esophagus or irritate the stomach lining. Then burning pain and a full feeling occurs, sometimes accompanied by belching. If this sounds like you, there

are two important steps to take. First, reduce the acid and second, protect the mucous membranes. Most folks reach for antacids here. They will work in the short term, but will never cure the problem.

A more natural approach would be to drink herbal teas made from slippery elm or licorice root, which coat the stomach and help to develop a stronger layer of mucin to guard against the acid burn.

Chewing DGL, a licorice tablet designed especially to promote the healing of irritated tissues and to increase the protective mucin lining, is a good alternative to Tums too. You can get DGL in the health food store.

Some of the digestive herbs like peppermint or fennel can help reduce belching. Watch out for foods that are too spicy and eat foods that are more soothing, especially green vegetables. If heartburn or burning still persists, see your doctor. You want to rule out an ulcer that may be caused, in part, by a bacteria, H Pylori, which is easily treated with a short course of antibiotics or natural remedies from an experienced alternative doctor.

Serious Digestive Problems

Nausea and Vomiting usually occur when the food or drink that you ate is spoiled or toxic, but these symptoms also occur if you have problems with your inner ear, motion sickness or hormonal changes. If the food was tainted and made you sick, you might want to go ahead and vomit and get it out of your body. Vomiting is actually a protective mechanism built in to keep you from perishing from food poisoning. Vomiting works wonders to relieve the feelings of nausea. You can induce vomiting with the gag reflex by sticking your index finger towards the back of your throat or vigorously rubbing the back of your tongue, or you can take an ounce of syrup of ipecac. To handle nausea, the best approach is to simmer fresh slices of ginger root and drink a cup or two of the tea. Persistent nausea and vomiting are serious and a good reason to call your doctor. It is critically important to replace fluids and electrolytes if vomiting is severe.

Gas

Gas is usually characterized by either belching or flatulence, and sometimes by cramps and bloating when the gas is trapped in the bowels. Digestive enzymes are a great way to improve digestion. There is a whole section of them at your health food store. Ask for some recommendations. I like Digestaid by Healthy Resolve (800-728-2288). You can also try High Lipase Pancreatin from Vitaline, Zypan from Standard Process, or Similase from Tyler. Take digestive enzymes at the beginning of a meal. Just chew up three or four bites of food then take the enzymes so that they are present to help digest the meal. I've seen complete recovery from digestion problems just by adding digestive enzymes at mealtime. We produce less of these important substances after age 30, so adding them makes a lot of sense. Enzymes also help to decrease gas, which is simply fermentation of food that does not digest properly.

Adding probiotics such as acidophilus and bifidus are good approaches to gas problems too. Sometimes the fermentation is due to an overgrowth of the wrong kind of intestinal bacteria and a shortage of the "good guys." Colonic irrigation treatments may be of help in cleaning out the bowel and re-establishing healthy intestinal flora. Flatulence might be caused by overgrowth of the organism *Candida albicans* which naturally lives in our intestines and other places in the body. If this is the case, we have to improve the balance of bacteria in the large and small intestine. Using garlic and acidophilus and eliminating sweets are good initial steps, but candida often responds best when treated more aggressively with antifungal medications or natural fungicides like garlic or goldenseal.

For sudden bouts of gas after eating, peppermint, ginger, fennel, and fenugreek are useful. Charcoal capsules work to absorb excess gas. But I don't advise frequent use of charcoal because you may be contributing to malabsorption of important nutrients. If your flatulence problem is chronic, charcoal is not the answer.

The diet for anyone who is troubled by excessive gas eliminates most beans, raw vegetables, and cruciferous vegetables like broccoli, cabbage, and brussels sprouts. The digestive enzyme product Beano is a great way to reintroduce those gassier, but healthy foods without dis-

comfort or embarrassment. You simply put a few drops in your first bites of the suspect food and then enjoy. The Beano prevents the fermentation by breaking down the bonds of carbohydrates that the body has a hard time with.

Acidophilus — Friendly Bacteria

I cannot overemphasize the importance of the gut flora (bacteria). This is one of the greatest overlooked areas of health to the entire body. Almost any digestive problem can be related to and greatly helped by getting good bacteria back into the intestinal tract. There are literally hundreds out there. The one's I have seen work the best are Symbiotics by Allergy Research Group/Nutricology, Flora Source, Culturelle, and Acidophilus DDS. One of my favorites is bacteria from soil-based organisms, Life Science Products, Inc. (www.lifescienceproducts.com).

Diarrhea and Constipation

If too little water is absorbed from the stool, because of rapid transit of food through the system or because of an imbalance of beneficial bacteria, diarrhea or loose stool results. If the stool becomes too dry and hard because of inadequate water or fiber, constipation is the result.

Stress and worry are contributors to the problem, too. When a person is upset, stress hormones act to upset the delicate balance of the GI tract and diarrhea may result. The following secrets are helpful for promoting colon health, prevention and treatment. Eat fiber-rich foods like whole grains, fruits, and vegetables or take supplemental bran or psyllium seed husk, which act as a scrub brush in the bowel. The fibers also absorb water, making the contents of the intestines a bit bulkier, but still soft enough to eliminate comfortably.

Herbs including senna, buckthorn, and Cascara sagrada may be used for their laxative function. But again, I caution against using laxatives, even herbal ones in any kind of repetitive fashion. You do not want to create a dependence on laxatives. Colonic irrigation can be tremendously helpful in restoring normal bowel function. Never suppress the urge to have a bowel movement. Even if you happen to be at a restaurant or a mall, take the time to go to the bathroom when the urge is present.

Make sure to get regular exercise, especially

walking and abdominal exercises. Exercise improves the muscle tone in the abdomen and the bowel. Those muscles are the ones that move the food through you. They need to be toned the same as your arms or legs. Some yoga exercises are very helpful for improving bowel tone and function. See a yoga instructor to learn which ones will help and how to do them correctly.

Be sure you drink enough liquid, at least eight glasses a day depending on your body type. I've seen chronic constipation clear up when the sufferer actually began drinking enough water every day. If you do have diarrhea, avoid sugars and fruit juice, which only make things worse. Instead, eat rice and grains for added fiber, and make sure to replace lost fluids and electrolytes. Be sure to check with your doctor if you are experiencing a sudden onset of irregularity following the introduction of a new medication. Many medicines cause either constipation or diarrhea.

Here are some of my favorite suggestions for habits you can develop to improve digestion. If you follow these suggestions, you will be well on your way to comfortable digestion at any age.

- **Be present for your meal.** Don't read, drive, or watch TV when you eat. Pay attention to your food. Devote some time to the meal. When you are calm and not distracted during a meal or snack, digestion occurs naturally. Try eating in a more relaxed manner and you'll be amazed at how much better your food tastes. Don't eat during an argument or just after a big shock or upset.

- **Eat your meal slowly.** When you approach a meal at a more leisurely pace, you are allowing time for your stomach to prepare for the meal by releasing more digestive enzymes. The smell of something delicious cooking is a trigger to your brain that a meal is coming. You will really improve your digestion if you take time to notice the aroma of the food before digging in. To help your digestion, slow down and savor your meals.

- **Chew your food well.** Chew your food until it is liquid before swallowing. President

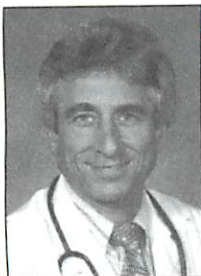
Bush taught us an important lesson by choking on a pretzel. Chewing mixes food with saliva, which of course makes it easier to swallow. Saliva also provides important carbohydrate digesting enzymes. Chewing well is a step that many people have to really work on, but it can make an amazing difference in your comfort. If you are the first one finished at every meal, you probably do not chew your food well.

- **Never flood your stomach at mealtime.**

Having great big glasses of tea, coffee, or, at worst, sodas with your meals dilutes those precious digestive enzymes secreted by your stomach. Instead, drink water an hour or so before your meals so you won't feel thirsty during the meal. Cold or iced drinks may interfere with digestion by reducing blood flow to the intestine. Carbonated beverages make you gassy; never have them at mealtime. Four ounces or so of water with the meal will not interfere with digestion and a glass of warm water with lemon juice 1/2 hour before a meal promotes secretion of hydrochloric acid and bile.

- **Avoid eating any food that makes you uncomfortable.** If you notice a strong reaction to a particular food, don't eat it. Any food that causes digestive discomfort, gas, nausea, diarrhea, or constipation is not for you. If you are sensitive to that food you may experience more serious symptoms like fatigue, headaches, skin rashes, or joint pains. Don't eat those foods.

- **Eat whole, natural foods without additives, colorings, and preservatives.** Processed foods are full of fat, sugar, and salt, which are not needed by the body and must be stored as fat or excreted. The more toxic elements in refined foods increase the workload on your liver and may cause serious disease to boot! Don't sacrifice your health to junk food. Treat yourself to a smorgasbord of nature's best fruits, vegetables, grains, and proteins (such as soyfoods, beans, fish, and organic meats and poultry). Your happy stomach will thank you!



Dr. Robert Jay Rowen's

SECOND OPINION

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Miracles of Medicine

Splint Heals Dying Boy Instantly

This is a true miracle that will touch your heart. While it's about a 12-year-old boy with a chronic illness, the healing abilities of this miracle device benefits the young and old alike and could help you just as dramatically.

Eric Hamilton of Monterey Park, California was a fairly normal boy until he contracted a bad case of the flu (with temperatures soaring to 106 for several days) in early December 2003. He never recovered!

He immediately developed headaches and severe stomachaches with marked abdominal swelling. His father, Dion, said he began to develop some memory, concentration, and minor muscular problems. His parents took him to more than 10 physicians over the next two months as Eric's health slipped further.

Most tests were negative, but one, the ANA, a test for autoimmune disease, came back weakly positive. The alternative physician believed Eric developed a rheumatic disease called polymyositis and started steroids. He quickly worsened and by the fifth day of steroids, he was in a wheelchair. His doctor was miffed and sent him for evaluation to a UCLA rheumatologist, who thought Eric did, indeed, have real pain and thought it was fibromyalgia. Neurontin was prescribed.

Over the next few weeks, Eric's health grew worse. After seeing a neurologist, and having negative brain scans and MRI, the specialist told the parents it was likely psychosomatic or a "little mental illness."

When Eric's joints started to swell, he returned to the UCLA rheumatologist who

(Continued on page 2)

Shave 10 Years (or More) Off the Age of Your Eyes in 10 Minutes

If you're farsighted like I am, you would absolutely love to get rid of your eyeglasses. Whether you use thick coke-bottle lenses, bifocals, or even contact lenses, they're all a nuisance to wear.

Until now, the vision industry hasn't had much to offer us. Of course, if you're nearsighted, your eye doctor can offer LASIK surgery as an option, which actually cuts your eyeball and has many potential complications.

No thanks! Besides, it's not a good option for us. The only other option you have is burdensome lenses.

Well, I've got great news for you: You don't have to be strapped to these lenses anymore! And you don't have to cut your eyes to have great vision!

That's right! I told you last month about a procedure I've discovered that's far safer than LASIK surgery, offers hope for those with farsightedness and presbyopia, and works so well, your eyes will act younger than they have in years (or perhaps your whole life).

This month, I'd like to tell you more about this procedure, including how it's performed, who qualifies for it, and where you can get it. But first, let me finish telling you what happened to me and a few other people who underwent this fantastic procedure.

I told you in the last issue that in a period of less than 10 minutes, I underwent conductive keratoplasty (CK) and my vision improved almost immediately. It was the most amazing thing to walk into the office with blurred vision and walk out being able to see better than I had in years — without corrective lenses. It was incredible!

After arriving at Dr. Ed Kondrot's office, I filled out all the necessary forms and underwent a careful examina-

Miracles of Medicine ... continued

diagnosed rheumatoid arthritis — even in the face of relatively normal tests — and prescribed an NSAID drug.

Another referral sent Eric to a doctor who did lots of digestive tests and advised that Eric's problems were a result of a bacterial infection pouring toxins into Eric's bloodstream from his gut. Diet and supplement pills were prescribed, but to no avail. Chinese herbs failed as well.

In January, Dion noticed Eric might have some breathing problems. Eric's head was hung forward and if he was erect, he collapsed. Eric's dad asked the doctors about it and they scoffed. "Even my wife thought I was nuts," he relates.

Then, on February 7, Dion, a **Second Opinion** subscriber, read the article about Seattle dentist Dr. Robson and his discovery of breathing obstructions and illness. Now he was convinced that breathing was the problem.

Dion brought the article to his alternative physician, who contacted Dr. Robson and hustled Eric to Seattle.

The jet to Seattle was pressurized at 14,000 feet. Eric needed oxygen for the whole trip, proving his dad's theory. He saw Robson on February 19 and a mold was made and neck X-rays taken.

The next day, the mouth splint was placed. Immediately, Eric stood up out of

(Continued on page 3)

tion to confirm my corrective needs. Unfortunately, I have a slight astigmatism, which this procedure will not correct.

Dr. Kondrot then came in and, after a few simple measurements, began the procedure. CK is performed by inserting a tiny metal probe the size of a human hair into the cornea. This probe penetrates to about 80 percent of the cornea's thickness. There, it delivers radio frequency waves, which are absorbed by the corneal tissues and converted to heat. This heat causes the tissue to shrink, slightly squeezing the cornea, reshaping it, and changing its point of focus.

Dr. Kondrot inserts the probe in several different spots around the cornea so the shrinkage is uniform. Each spot takes about three seconds and he does them in multiples of eight. That means eight spots are the minimum number, but he can do as many as 32 in one session, depending on the corrective need. (I received 16 in my right eye and 24 in my left.) Dr. Kondrot explained that he would rather under correct me and have me return for a tune up, than do more and over correct me, since over correction cannot be undone (except via corrective lenses).

While the effects of the procedure are felt immediately, it takes a full three months for the tissues to heal fully. So the belt tightening effect on the cornea would continue for up to three months and I could expect to see continuing improvement during this time. (This is similar to prolotherapy, which uses injections rather than heat to build up connective tissue around joints.)

My eyes felt quite irritated for the first three days, but that was the worst part of the procedure. The anesthetic drops ensured there wasn't any pain. And they gave me comfort drops to relieve the irritation and antibacterial and anti-inflammatory drops to prevent infection.

Over the next several days, my vision was a little wavy and my acuity fluctuated quite a bit. After one day, I was able to drive without the use of any corrective lenses!

By the fifth day, my vision was significantly better. I still had a slight blur with close-up reading, but before the procedure, this was a total blur. The irritation was disappearing rapidly, to the point that it was just a slight nuisance.

While CK isn't an absolute miracle cure for every person, the procedure is obviously an amazing step in the right direction. There are very few negative side effects, which is unlike LASIK surgery, where many people experience halos around lights at night and some people

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actually lose their vision. CK also has the ability to restore near vision without a loss of far vision. LASIK, on the other hand, can restore perfect reading vision, but leave you with far vision of 20/80 or worse.

To show you just how effective CK is, a recent study treated 300 eyes (with hyperopia) in 200 participants between the ages of 40 and 70. In this study, 87 percent of the patients rated their vision improvement from moderate to marked and extreme. This study and others were enough to get the procedure approved by the FDA for hyperopia.

Now for the absolutely amazing news: A new study for presbyopia is demonstrating that *97 percent of treated persons in the study are able to see 20/20 at a distance and read a newspaper!!!* I fully expect FDA approval for presbyopia in the next few months.

An example of its use in simple presbyopia is Dr. Kondrot's Phoenix receptionist, Lynn, who is 38 years old. She had treatment the week before I had mine. Her eyes were in better shape. She had perfect distance vision before the treatment and could read. But she does needle work and had lost the ability to thread her needles. Within a week after CK on just one eye, she could thread a needle and had no other alterations in her vision!

Steve Depe, a 54-year-old golf pro in Pittsburgh told me he had perfect far vision, such that he could see a golf ball on a green 400 yards away. But 10 years ago, he began losing his reading vision. It wasn't long before he was unable to read a newspaper. He had CK from Dr. Kondrot, and relates this story: "The first three weeks were terrible with eye irritation and sensitivity to light. I suggest having a pair of green sunglasses on hand during this time. By the end of the first month, I could read the newspaper again, and my vision continued to improve so that now I can read print even smaller." His excellent distance vision was not altered, and he is very pleased with the end result.

A good candidate for CK will be over age 40, without glaucoma, severe eye dryness, or other conditions of the eye globe or cornea, herpes of the eye, diabetes, pregnancy, and severe circulatory or autoimmune conditions.

"The donning of glasses is a public declaration of your age," says Marguerite B. McDonald, MD, professor of ophthalmology at Tulane University, New Orleans, LA, and medical monitor for the FDA clinical trials on CK. "Millions struggle with glasses to accommodate for their

Miracles of Medicine ... continued

his wheelchair and pushed it around the doctor's office on his own power. The dizziness cleared almost instantly.

I met Eric at a doctor's conference in San Francisco only 10 days later. His parents took him to the meeting as a tribute to Dr. Robson, where he could be presented to the doctors attending the annual conference. By this time, he was 95 percent recovered, according to his dad and Eric himself, with only a bit of symptoms left.

The doctors were literally awestruck at the abnormality in the neck X-rays on Eric's arrival at Dr. Robson's office. It showed a nearly closed upper airway behind the tongue and a most abnormal head posture that Eric required just to breathe (head slouched forward). With the splint in place, the cervical X-ray completely normalized and the airway space was wide open.

In Eric's case, all symptoms were his body's attempt to keep him alive by protecting his airway. But in order to keep him alive, his body was forced to knock his autonomic nervous system out of whack. The sympathetic nervous system was on hyperdrive, resulting in the multitude of symptoms the doctors mistook for everything from a rheumatic disease to malingering. Eric was simply starving for oxygen.

When the corrective splint was inserted, his resting heart rate fell over 60 beats per minute from 120. And his oxygen saturation picked up several points immediately. His sympathetic nervous system relaxed and adrenaline production decreased. When the splint was removed, all of his symptoms promptly returned, as the airway closed again and adrenaline flooding resumed.

Folks, could you be an Eric Hamilton? I mean, consider all the symptoms, diagnoses, doctor visits, negative tests, and no answers from so many professionals, except to blame it on a mental problem. Perhaps you just need some more oxygen and an open throat to get it to your lungs. To contact Dr. Robson or find a dentist trained in his techniques call 253-272-8651.

HEALTH NOTES

Is Your Deodorant Causing Breast Tumors?

If you use normal over-the-counter deodorants, you could be at a higher risk for breast cancer. A new study has shown that an everyday chemical class, parabens, (such as propyl and methylparaben) found in underarm deodorants and other products, accumulate in breast tumors as well.

A team from the University of Reading published data suggesting that the chemical seeps into your body through topical application on the skin. The lead researcher said, "It (the study) demonstrates that if people are exposed to these chemicals, then the chemicals will accumulate in their bodies. Parabens have been shown to mimic the action of the female hormone estrogen. Estrogen can drive the growth of human breast tumors."

Billions of people use underarm deodorants every day. The skin in the armpit is very thin, and would be highly susceptible to penetration by topical chemicals. Here's proof it's happening. But even worse, it's in the immediate area of estrogen sensitive tissues.

Action to take: You do have alternatives to commercial chemical cosmetics. Look for all-natural products at the health food store. Better yet, consider the diet you continually read about in these pages. You may find far less body odor.

Glucosamine Could Save You From Knee Surgery

If you have knee trouble (or any joint pain, for that matter), a new study will

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To order special reports,

books, and other recommended material mentioned in this issue, please write or call: Second Opinion Publishing, P.O. Box 467939, Atlanta, GA 31146-7939, 800-728-2288, 770-399-5617 or fax your inquiry to 770-399-0815.

deteriorating vision, and CK offers them a new and safe option for vision correction so they can be freed of the struggle, hassle, and age-related stigma of glasses."

Doctors who perform CK can be located through the manufacturing company's website, www.refractec.com or by calling them at 800-752-9544. Dr. Kondrot can be reached at 800-430-9328 or www.healingtheeye.com. Dr. Jebrock, the holistic optometrist I mentioned last month, can be reached at 415-897-9691. I encourage you to seek eye care with a professional who stresses wellness.

Shaving 10 years off the aging function of my eyes was a tremendous gift! CK can do the same for you.

Add This Fat to Your Diet to Escape Genetic Heart Problems

If you're genetically predisposed to heart problems, you're destined to die from a heart attack and there's nothing you can do about it, right? Wrong!

There is, in fact, a lot you can do. But there's one thing you can add to your diet that will do more than just about anything else.

Let's face it, if heart problems run in your family, it's possible your family has terrible eating habits, or there's some genetic variance that's passed on from generation to generation, or you could be hit with both.

The good news is adding this one nutrient to your diet will help with either cause.

What is this miracle nutrient? It's our beloved omega-3 fatty acids. That's right! You knew omega-3s were protective against the toxic fats we take in every day, but now there's evidence these same fats work wonders for genetic heart disease risks.

Scientists have found a genetic variant that hits five percent of the population. It affects a gene that makes the enzyme called 5-lipoxygenase (ALOX5). Heart disease can run in families without connection to cholesterol levels. The enzyme in question converts fatty acids into inflammatory compounds. Arterial inflammation is an underlying initiator of atherosclerosis.

"Bad" fats include two of the omega-6 series: arachidonic acid (found in some meats) and linoleic acid (found in many common vegetable oils). The "high risk" ALOX5 variant can promote these fatty acids into inflammatory

activity, more than the normal protein.

In the study, these scientists studied 470 healthy middle-aged women and men. The researchers recorded each participant's diet over 18 months. Ultrasound machines measured the thickness of their carotid artery walls. Arterial thickness is a gauge of atherosclerosis and heart disease risk.

Scientists also examined each participant's ALOX5 gene from their own DNA for the common (normal) form versus the variant.

The researchers found that the arterial wall was as much as 18 percent thicker in those with the variant gene. And the walls thickened faster in those with the variant who ate more food containing omega-6 fatty acids. We already know a diet abundant in omega-3 polyunsaturated fatty acids provides protection from disease progression.

These researchers found ALOX5 problems occurred more frequently in certain ethnic groups. But ALOX5 affects you whether or not you have the variant. It's a matter of degree. Omega-6 oils provide the food for this enzyme. People without the variant will still have some inflammatory activity, but people with it will have excessive inflammation activity. Omega-3 oils, in contrast, inhibit the conversion of the omega-6 to the inflammatory compounds. Additionally, if the enzyme does act on the omega-3s, the end product actually reduces inflammation by pushing out the omega-6 version.

About 20 percent of African Americans and Asian Americans had the genetic variant, in this study, compared to less than five percent of Latinos and non-Latino whites. These percentages are staggering, corresponding to millions in the American population. It explains, in part, the high degree of vascular disease in African Americans. Many were raised with southern fried cooking, a significant source of omega-6 and rancid oils. The researchers also noted that carriers of the variant gene would have higher risk of other inflammatory diseases, such as asthma.

The news media has been rather silent on this one. Perhaps because it debunks the cholesterol theory. This information puts power back into your hands instead of the statin drug kingpins. I feel testing for the variant is unnecessary, though it will likely be eventually promoted.

Action to take: Everyone benefits by increasing omega-3 oils in their diet, regardless of their genetic

HEALTH NOTES ... continued

give you hope that replacement surgery can be avoided.

After five years of study, twice as many placebo patients needed knee replacement as those taking glucosamine. Joint-space narrowing was dramatically worse with placebo. In those on glucosamine, deterioration was significantly slowed.

But in the recent report, the protective effects of glucosamine persist for at least five years *after* treatment. Treated patients utilized fewer health resources including medical visits, drugs, and procedures. Glucosamine may inhibit the synthesis of inflammatory chemicals in the joint, which otherwise would destroy cartilage. Glucosamine may also protect cartilage cells from inflammatory chemical stress. Earlier research suggested that glucosamine stimulates anabolic (building and repair) activities of cartilage cells.

Action to take: Whatever the mechanism, the message is clear: Glucosamine can work for your osteoarthritis! Its benefits persist. It's safe and relatively inexpensive. We can't say the same for NSAID drugs, often expensive and destructive to cartilage cells in the long run. Please consider glucosamine sulfate 500 mg three times daily if you have osteoarthritis, especially of large joints.

Supplement Dramatically Lowers Rheumatoid Arthritis

You've read many times in these pages about the wonders of vitamin D on osteoporosis. But now there's exciting news that this same powerful vitamin can halt rheumatoid arthritis.

In a new study, researchers drew on data from the Iowa Women's Health Study on 29,368 women between the ages of 55-69. Using dietary questionnaires, the team found an inverse relationship between estimated vitamin D intake and rheumatoid arthritis and ingestion of vitamin D. This means those with the highest intake had the least disease. Most interestingly, those

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HEALTH NOTES ... continued

women whose vitamin D intake came from *supplements* (rather than food sources) had the greatest reduction in risk.

Vitamin D has long been associated with calcium regulation. But modern evidence shows it is synthesized in cartilage cells and has importance in immune cell regulation. That indicates it may protect your joints and immune system as much as your bones.

Action to take: I find it very interesting that another study shows that the best prevention is in the form of supplements. Why do supplements work so well? It's likely due to the mass effect. Your skin has the ability to make up to 10,000 IU of D if you were running around in low latitudes wearing only the clothes God made (your skin). But you may tend to stay indoors. Worse, in winter, the sun is not high enough throughout most of the country to generate significant vitamin D, even if you do romp in the sun.

I encourage my patients to use cod liver oil. Not only is it rich in omega-3 oils, but one tablespoon contains some 4,000 IU. No, I'm not at all worried about toxicity at that level. In fact, I consider that amount a bare minimum for optimum health. Your bones and joints will appreciate the extra help! Carlson's, in my opinion, is the best brand. It's available at most health food stores.

New Skin Cancer Treatment Works Without Surgery

Watch for a new method of treating basal cell skin cancers, the most common form of cancer, to appear soon. Basal cell skin cancer is associated with excess sun exposure and occurs much later in life, often in our golden years. The traditional approach is surgical excision.

The new treatment, called photodynamic therapy, is similar to photooxidation, which you've read about many times in these pages. However, instead of irradiating a small amount of your blood, you irradiate a cream containing aminolevulinic acid that is first applied to the lesion. The light

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makeup. However, the greatest benefit will be in those with the variant.

Darker wild fish are the best source of omega-3s. For vegetarians, good sources are organic, cold-processed hemp, flax, and walnut oils in order of preference. But vegetable omega-3s are simpler compounds and not nearly as powerful as marine omega-3s.

While you increase your omega-3 intake, I suggest you eliminate all other vegetable oils except olive oil (coconut oil is fine, but it's not an omega-3 oil). This will reduce omega-6 inflammatory sources. Olive oil is an omega-9 unsaturated oil. Its participation in these biochemical pathways is much less. Omega-6 fatty acids are definitely necessary and inflammation is a requirement for the immune system and normal healing. However, the American diet has at least four times too much omega-6, resulting in too much inflammation. You'll get all the omega-6 you need in whole foods even without any added oil for cooking.

Ref: *New England Journal of Medicine*, January 1, 2004.

Simple Way to Boost Declining Memory and Energy Levels

If you're over the age of 60, the chances you're deficient in vitamin B12 are quite good. And the older you get, the more likely your levels are low. While conventional medicine is beginning to understand why low B12 levels will cause low energy and memory problems, it still thinks the best way to boost your B12 is through oral supplements.

I'm impressed that the National Academy of Sciences is actually urging seniors to meet their B12 requirements through supplements rather than just food! Orthodox medicine is moving beyond allegations that supplements only provide expensive urine. This is a dramatic shift in consciousness. It's happening — slowly, but it's still coming.

What's causing the shift? Nutritional surveys in Boston have shown almost a quarter of people aged 60-69 have *measurable* B12 deficiency, 32 percent in the 70-79-year-old age group, and 37 percent in those older. That's just *measurable* B12 in the blood, which is a poor indicator of overall B12 status. Optimal levels are far above the low end of lab reference ranges. In fact, many with "good" lab levels of B12 are actually deficient due to their

genetic makeup requiring "high" levels for activating their body's enzymes.

As impressed as I am about the conventional gurus recommending supplements, I'm still frustrated by their conclusions. Why? Because the medical pundits are putting out bad information. Admitting supplemental B12 is needed, they are pushing oral supplements, even at the same time acknowledging that seniors lose the ability to absorb B12. So what good is swallowing it then?

Vitamin B12 is difficult to absorb, even for the young, but as you age, absorption worsens. Your stomach makes less acid and other factors necessary for the uptake of B12, the largest of the vitamins.

The only reasonable answer is B12 injections. Just a few years ago, my colleagues were slammed by their medical boards for providing B12 injections to seniors, based on clinical results, not lab numbers. This is a far more advanced form of practicing medicine. Vitamin B12 comes in three forms: cyanocobalamin, hydroxycobalamin, and methylcobalamin. There's no known toxicity to the latter two. Methylcobalamin, the activated form of B12, is likely superior, and available to your physician from a compounding pharmacy.

A study published in 1992 evaluated 18 patients with dementia and low B12 levels on a rating scale of 0-144. Patients who had cognitive decline for less than 12 months gained an average of 20 points on the rating scale, when treated with B12. Compare this to a three-point gain for those whose dementia spanned longer than 12 months. Improvements were 28 and 31 points respectively in two patients treated with B12 whose decline was for a short three months.

Action to take: If you have declining energy, impaired cognition, or difficulty with digestion, consider requesting B12 by injection. Results come quickly, especially for fatigue. And your brain cells will be grateful for all the help they can get.

With little expense, the high prevalence of deficiency, and its incredible ability to prevent and treat these ailments, you shouldn't hesitate to ask for and receive B12 by injection if there's even a hint that it could help you. I routinely give two to five cc methylcobalamin on a regular basis (weekly to monthly) to most of my senior clients. It's better to catch it early and prevent rather than treat. Dead neurons cannot be brought back.

Ref: *J.Am. Ger. Soc.*, 40[2] 1992; *Family Practice News*, January 1, 2004.

HEALTH NOTES ... continued

activates the cream to kill the cancer cells. The product is called Metvix.

The manufacturer is currently fighting the FDA for approval. In a study of 101 patients divided into surgery or Metvix treatment, there were one and five recurrences respectively. For this reason, the FDA has withheld approval.

Action to take: If you're open to a slightly higher recurrence rate, rather than risk scarring from surgery, this treatment should interest you. It would interest me. The treatment can be repeated if the cancer recurs, but basal cell cancers rarely spread.

Ref: Associated Press, January 20, 2004.

Farmed Fish Are Toxic

I've warned you about the poor nutritional quality of farmed fish and the likelihood of toxins many times. Now, I have been proven correct on the latter. *Science* magazine reports that farmed fish have higher levels of well-known toxins such as PCBs and dioxins than wild salmon. Toxins were higher in European farmed salmon than North American, but both groups had more toxins than wild fish.

Action to take: You already know that after 22 years in Alaska, I've been partial to Alaskan fish. Now you know why. Not only are they richer in the beneficial omega-3 fatty acids, but now comes proof of my assertions that Alaska's fish are less toxic. While all fish will have toxins from depraved industrial pollution, please insist on wild caught salmon, even if frozen.

Ref: Reuters Health, January 8, 2004; *Science*, January 9, 2004.

Coming Next Month...

- If you're suffering from memory loss, eliminating this one thing from your diet can restore your mental clarity within weeks. (And it could revitalize your sex life, too.)

LETTERS

Dear Reader,

Each month in the letters column, I try to answer as many of your questions about health and medicine as possible. It's simply impossible for me to answer letters personally. Plus, I obviously can't make a diagnosis or prescribe a treatment by mail or e-mail. So if you have a question you'd like answered, send it (typed **only**) to:

Second Opinion Letters

P.O. Box 467939, Atlanta, GA 31146

Thank you,



If you're interested in a personal phone consultation with Dr. Rowen, please call 1-707-571-7560 (9:00 a.m. - 5:00 p.m. PST) for a schedule and rates.

Q: Two years and four months ago I developed temporal arteritis. Ozone treatments (intravenously) have worked well. However, I know that arteritis can return. You said that oregano and especially turmeric are very effective anti-inflammatories. Will they help prevent arteritis from returning? — *Lena D., via e-mail*

A: Curcumin, the yellow pigment of turmeric, is an outstanding anti-inflammatory. A good dose is 500 mg up to three times daily in capsule form. I use Life Extension (800-544-4440) brand, 900 mg, routinely to lower C-reactive protein, a major risk factor in heart disease. Maximum recommended dose of this product is three daily (2,700 mg, the dosage I use) because of black pepper added to enhance absorption.

Oil of oregano has outstanding anti-infective properties, easily killing bacteria, fungi, candida, and parasites. It contains two key flavonoids, carvacrol and thymol, which make up most of the oil and

are regarded as the most active components. My favorites sources are Biotics (800-231-5777), which makes it in capsule form, and Nutricology (800-545-9960), which makes a gelcap. Farmacopia (800-896-1484) also has a good product. The dose range is one to three daily of either brand. I do not think you will get the same activity from adding the herb to your salads. You will have to eat a lot!

Q: I read about your oxygen therapy using exercise. The suggestion was that I had the choice of using an oxygen concentrator during two hours of exercise daily for 18 days or using purchased oxygen during 15 minutes of exercise for the 18 days. My question is how often does this regime need to be repeated? — *Lois T., Youngsville, Louisiana*

A: The exercise with oxygen therapy (EWOT) program turns back the aging clock on your microcirculation, but it doesn't stop the aging process. It continues to tick, even though it was set back. For that reason, I generally recommend that the regimen be repeated regularly. For the 15-minute program three to four times a week, that's easy. You can just continue that approach indefinitely as part of your all around health maintenance program. The two-hour, 18 consecutive day program takes more planning. I think it would be useful to repeat it every six months, to keep the clock turned back as much as possible.

Q: I loved your article on preventing cataracts with a DMSO concoction, but was frustrated when I called the pharmacy you suggested. The pharmacist told me I had to have a prescription. I don't understand. You didn't say anything about a prescription and can't I simply buy the

three ingredients and mix it myself? If not, how can I get a prescription? — *Jeff F., Paris, TX*

A: My apologies for the confusion. The article described a compounded product which is available only from compounding pharmacies, and by prescription. Since the idea of non-surgical cataract treatment or prevention is unheard of in conventional medical circles, conventional physicians will likely laugh at the preposterous notion that this could work, like they scoffed at vitamin therapy until very recently. I suggest you take the formulation to your integrative physician who will be much more likely to consider a trial. Regarding making it yourself, that I do not recommend. I'm using the treatment for prevention myself. I would much rather rely on the purity and methodology of a compounding pharmacist's product for my eyes than the possible contamination of mixing up the formulation in my kitchen and with questionable ingredients.

Q: Do you have any suggestions regarding irregular heartbeat? — *Paul H., Conway, Pennsylvania*

A: Finding the cause is crucial. The problem could be caused by heavy metal poisoning, in which case chelation therapy is a must. We evaluate almost everyone with chronic disease for heavy metals with a simple IV push of calcium EDTA and oral DMPS. We're finding significant presence of lead, mercury, and other toxic metals in almost every case. Of course, we aggressively work to remove all we can.

I've also seen mercury fillings, root canals, or other disease in wisdom teeth or the sockets (created by their extraction) cause dysrhythmia. The wisdom teeth are connected to the heart acupuncture meridian. Fixing the dental problem has solved dysrhythmia in some!